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## ORIGINAL ARTICLES.

### THE CLINICAL RECORD OF CREOSOTE.\*

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THIS drug was used in 1830, then fell into disuse and was again revived in 1877, when Bouchard and Gimbert wrote on its usefulness in phthisis. Dr. Beverly Robinson began its use about this time and has published his experience in a paper which appears in the *American Journal of the Medical Sciences* for January, 1889, which will be freely referred to in these notes. He first began its use to diminish the quantity of the secretion, regarding the drug as an anti-catarrhal agent, without any curative effect on the lesions.

Dr. Powell, quoted by Robinson, says: "he doubts whether the drug can be given during the hectic stage in sufficient quantities to influence pyrexia, without running a grave risk of setting up gastro-intestinal irritation and destroying appetite, and thinks it of more value in apyrexial conditions." Some authors think it is directly curative of pulmonary phthisis at least in its initial or first-stage; while others have been disappointed in it, seeing no further beneficial action than what may be obtained from several anti-bacillary agents. Its utility has also been ascribed to its antiseptic properties, especially since the onset of the bacillus etiology of tuberculosis. Some experimenters assert that creosote 1-1000 will not destroy the bacillus tuberculosis, while others state that 1-2000 in a culture media prevented and 1-4000 retarded the growth of the tubercle bacilli. Guttman claimed that in order to prevent the growth of the bacilli a dilution of 1-4000 of creosote must be maintained in the blood, and to maintain this would require a quantity too great for therapeutic purposes; while Rosenthal (*Jour. Med. Sci.*, 1888) met this with experiments to show that carbonated creosote water could be given hypodermatically to a rabbit to maintain a dilution of 1 to 4000 in the blood, without any disturbance of general nutrition, and that 1-2000 solution of a one per cent. carbonic acid creosote water in a culture media prevented or allowed of only a slight growth of the bacilli.

The administration of creosote (Rosenthal) was rendered more agreeable and efficacious when administered in carbonic acid water, and should be prepared so that each litre contains 0.6 to 1.2

grammes of creosote and 31 grammes of cognac. Of this 0.1 gramme creosote should be taken on the first day and gradually increased until 0.8 gramme is taken daily.

Creosote must be administered through a long period of time to have a favorable influence on the phthisical process.

Cases in which there is constant or frequent febrile action, or when the bacilli are very abundant in the sputa, are less fitted for treatment, but may be benefited.

It is especially valuable when commenced early in the initial apex-catarrh. The good effects of the creosote water begin to appear in the first few weeks, and consist in increase of appetite, diminution of expectoration, disappearance of cough, of dyspnoea, and of pain in the breast, and increase in weight.

Bouchard and Gimbert (Robinson) are of the opinion that creosote acts locally on the pulmonary lesion and produces marked effects which are beneficial. That creosote has the effect of promoting the growth of fibrous tissue around an area of consolidated or broken-down lung structure. Thus in time the cheesy infiltrations in the lungs become absorbed little by little, as the softened masses or the contents of large cavities are expectorated, and the surrounding walls close in upon a relative vacuum where previously necrosed tissue in a solid or liquid form was largely present.

Jaccoud (Robinson) says: "Creosote seems, also, to have some effect upon the fundamental lesions themselves, and to promote the sclerotic change by means of which recovery is found to occur in this disease. He has also noticed that after the bronchitis had disappeared and stethoscopic signs of a pulmonary lesion were reduced to a minimum, two or three months later there was an evident and secondary diminution in the extent of the affected area, and bronchial breathing and bronchophony on the periphery of this area. These signs, accompanying an evident improvement in the general condition, seemed to indicate evidently a sclerosis around the area of pulmonary softening." Jaccoud, in his work on Pulmonary Diseases, page 157, also says: "Acting rapidly it diminishes expectoration, and by its effect upon the bronchial tubes prevents any extension of the catarrhal lesions, thus notably reducing the extent of pulmonary changes. It may also be recognized for its antiseptic and antiputrid effect, and consequently the apyrexia due

\* Read before the Clinical Club.

to absorption is averted for a time. The first indication for its use is when the expectoration shows the existence of pulmonary catarrh."

Dr. Robinson states that he has seen on two occasions bacilli, which had been present in considerable numbers, notably decrease after treatment (including inhalation). Whether creosote interferes with the bacilli locally or through the circulation in virtue of its antiseptic qualities, or whether, in addition to its promotion of sclerosis, it merely favors general nutrition whilst acting happily upon secondary though important symptoms, he is not prepared to affirm but inclined to the latter belief. He decidedly favors the combined treatment. He calls attention to the fact that much of the creosote sold is simply crude carbolic acid, obtained from the distillation of coal-tar oil, and commonly called "commercial creosote," and recommends the use of beechwood-tar, the former proving, perhaps, injurious if not poisonous; while the latter, when judiciously employed, should be followed by favorable or perhaps negative results, but rarely, if ever, by manifest bad consequences.

Chas. Rice, Ph. D., Chemist to the Department of Public Charities and Correction, has kindly furnished the following pharmaceutical note:

"The active constituent in creosote is guaiacol. This, of course, occurs only in genuine creosote, made from wood-tar. And as beech-wood yields the largest amount of guaiacol, creosote is usually made from this. Unfortunately, old custom has brought it about that phenol or carbolic acid is often sold under the name of coal-tar creosote (or as 'creosote') in place of the genuine.

"You may recognize this by the following test: Creosote when added to collodion does not coagulate the latter (but carbolic acid will). On mixing one volume of creosote with one volume of glycerine, a nearly clear mixture will result, from which the creosote will be separated by the addition of one or more volumes of water. Carbolic acid (or 'coal-tar creosote') will not separate."

Treatment should begin with small doses, continued a long while and only gradually increased, otherwise stomach intolerance is very apt to follow. This differs from the experience of some of the foreign authors and the personal experience of a Russian physician who, finding no appreciable benefit from small doses (half a grain four or five times a day), when creosote was taken in gradually increasing large doses, beginning with four grains a day and reaching in about two months a daily dose of forty-four grains, there took place fairly rapidly an unmistakable and permanent improvement.

Dr. Robinson's doses in private practice has varied from three to six minims, and continued for months without increase or interruption or any evidence of intolerance. The ordinary dose is half a minim repeated every two to three hours.

The prescription being

B Creosoti (beechwood).....m vj.  
Glycerine.....§ j.  
Spts. Frumenti.....§ ij. Mx.  
S. As directed.

Bouchard and Gimbert insist on the perfect solution and large dilution of creosote as essential elements for successful administration, and Dr. Robinson prefers the above prescription to Fräntzel, which is

B Creosoti.....m xv.  
Tinct. gentian.....m xj.  
Spts. vini recti.....3 vi.  
Vini xeres.....g. s. ut fiant § iv.  
S. § ss ter die ex aqua.

Jaccoud uses cognac or rum in place of whiskey in the former. Pure glycerine must be used, (Price or Bower's) as also pure whiskey.

It has also been prescribed in gelatine capsules combined with cod-liver oil, each one containing a minim of creosote—to be 15 to 20 minutes after meals; two or three at a dose, marking the limit of stomach tolerance.

Dr. Robinson also recommends the use of antiseptic inhalations, by means of the perforated zinc inhaler. In the beginning the inhaler was worn for fifteen to twenty minutes every three hours, and from 10 to 20 gts. of the inhaling fluid were poured on the sponge at least three times in 24 hours. The fluids employed were:

B Iodoformi.....gr. xxiv.  
Creosoti.....m iv.  
Ol. eucalypti.....m viij.  
Chloroformi.....m xlvij.  
Alcoholis aetheris aa.....q. s. § ss m.  
B Tinct. iodi aetherealis.....  
Acidi carbolic ac.....3 ij.  
Creosoti.....3 j.  
Sp. vini recti.....ad. § j.  
B Creosoti.....3 j.  
Alcoholis.....ad. § ss. mx.

Dr. Robinson has had under treatment in the out patient department, New York Hospital, 142 cases, and in private practice 19, of this number 66 cases have furnished data more or less reliable to base conclusions as to efficacy of treatment. The duration of treatment varied from one week to two years eleven and a half months; 37 were in the first stage, 3 cases doubtful; 6 had evidently reached the second stage; 11 cases were in the third stage; the remaining cases diagnosis not recorded. We will give briefly his summary so far as the cases in the first stage are concerned, adding that improvement seemed to take place in some of the other cases and no improvement in others.

Cough improved in 24 cases, no improvement in 3; cured in 10 cases. In several cases of the latter sleep was quieter and previous insomnia evidently dependent largely upon the cough and expectoration; in a few instances, though the cough improved the sleep did not.

He adds that in some of these instances the cough returned to be again removed. In other cases no mention was made of the effect on the cough, sometimes possibly because the question was not asked and in others no mention is made probably because the cough remained stationary.

This same statement would apply to other symptoms on record. The symptoms which were removed or greatly improved in many cases were night sweats, dyspnoea, sputa diminished in quantity and improved in appearance, appetite and weight increased. In two cases dyspepsia, nausea and gastralgia and diarrhoea were evidently caused by the creosote. Observation of the cases of hæmoptysis seemed to show that while creosote may not control, except to a very limited extent, pulmonary hæmorrhage, it does not promote or occasion it, and may be given to patients subject to it. Fever was removed or lessened in 15 cases. Strength improved in 26 cases.

Pains in the throat and chest were cured and relieved. Improvement was also manifest in the pulse which became less frequent and stronger. As regards physical signs in two cases of the first stage there was complete disappearance of all evidence of morbid conditions in the lungs, while in two other instances the signs improved so much that it required the most scrupulous accuracy not to pronounce them cured. In ten cases in first, second and third stages there was slight or decided improvement in the physical signs, consisting in fewer moist râles at the apices, in diminished area of dullness, in diminution of thoracic vibrations, of resonance of the voice, in softened, less prolonged expiratory murmur, which was also of lower pitch.

Dr. Collins, House Physician, St. Luke's Hospital, reports in reference to 150 cases whose records had been more or less completely kept, extending over two years. He says no gastric or intestinal distress has been caused by the drug nor any kidney troubles.

Dr. Robinson's conclusions are that the drug is of value in the first stage; that it lessens or cures cough, diminishes, favorably changes and occasionally stops sputa, relieves dyspnoea in very many instances; it also often increases appetite, promotes nutrition, and arrests night sweats. It does not occasion hæmoptysis, and causes no disturbance of the bowels or stomach except in *too large doses*.

Dr. Austin Flint, in ten cases under observation in Bellevue Hospital, reports (*N. Y. Medical Journal*,) that improvement was manifest in cases of solidification without cavities, with increase in appetite, weight and strength. In cases with small cavities some benefit may be expected, but in large cavities only a palliative, if any, influence. No examinations for bacilli were made except in one case with large cavities, it was

noted that the number of bacilli was diminished. As to the inhalations it was assumed that the chief benefit was from the volatile properties of sp. of chloroform and alcohol, and its penetration by diffusion into the air-cells. He incidentally quotes a case of irritative cough of several months' standing, with slight bronchitis and emphysema, but no signs of phthisis, which resisting ordinary treatment, was completely relieved by three inhalations, the cough not reappearing at the end of four weeks.

Stuecker (quoted in *Jour. Med. Sci.*) says that creosote is useful in phthisis of the nature of caseous pneumonia, or in mixed forms of cheesy and fibrous, where the former predominates. In a third group of cases, in which the involvement of the bronchial mucous membrane produces a purulent or mucous bronchitis, the balsams may be given with or without creosote. Contra-indications are tuberculosis of the intestine, amyloid degeneration, and the late stages of phthisis.

Hofmann (*Ibid.*) thinks the beneficial action in phthisis is in direct proportion to the amount used. He uses it with gentian in the proportion of one to two. Beginning with ten drops three times daily, the dose is run up rapidly to twenty-five or even thirty drops, with short interruptions, the remedy being well borne. Even in cases advanced it seemed to alleviate as well as any other remedy. In intestinal tuberculosis and diarrhoeas it was of no benefit, nor in general miliary tuberculosis, but it was beneficial in cases with hæmorrhages or with caseous and fibroid degeneration. During actual hæmoptysis the remedy should be suspended. He thinks the most decided value of the treatment results from improvement of the gastric and intestinal digestion, the immediate cause of which he leaves undecided. Improved appetite and assimilation soon show increased weight and renewed vigor and thus the patient is better fitted to withstand fresh inroads of disease. He used the drug with profit in bronchitis of children. Though this mixture often causes coughing and hawking, he thought it preferable to capsules, since the latter may cause an active circumscribed inflammation where they are dissolved (also Bourget), and the local action on the mouth, throat, and the œsophagus is highly desirable.

Soltmann (*Med. News*) was the first to record experience with children, and says the drug was well borne. Stomachache, nausea, vomiting, diarrhoea, often interfering with the treatment in adults, never occurred. Even in high fever, usually mentioned as a contra-indication it was taken without disadvantage. There were in many cases an increase of appetite and gain in body-weight, diminution of cough and expectoration, and gradual disappearance of pathological lung-symptoms. One to six grains daily were given. He concludes that creosote exerts in



chronic lung-disease with suspicion of tuberculosis a markedly favorable influence, especially in cases where there is not much destruction of lungs or other severe complications, and where there is not too high fever, the general strength being relatively good.

Bourget says it is necessary for the patient to take the largest dose possible without regard to the pharmacopœia, only seeing that the digestive system is not seriously disturbed thereby. Pills made of resin are objectionable because they generally pass through the intestine undissolved. For three years he has used what he calls the "intensive method," using internally guaiacol (the active principle) which he prefers, dissolved in wine in summer or cod-liver oil in winter, given in tablespoonful doses, each containing a grain of the drug, this being increased until fifteen grains may be taken. Sometimes when there is disgust for the drug or it disagrees with the stomach, he has administered it as an enema, and has found that an alternation by mouth and rectum is, at times, advantageous. With the internal treatment he employs externally a mixture of twenty parts of creosote and two hundred parts of cod-liver oil, which is rubbed into the chest, back and axillæ on retiring. Whenever possible an inhaler is also worn—in which a few drops of creosote are placed. In this way the saturation, implied by the term "intensive," is accomplished. Treatment to be successful must be continued without intermission for three or four months.

In the *Annual* for 1889 we find that Lanisiée thinks creosote is better borne with balsam of tolu and Norway pitch.

Bushuyeff treated twenty cases of phthisis with creosote from one to six months, giving three drops three times a day. Cases in the first and second stage of the disease were greatly benefited, but those in the third stage were unimproved. In only one instance was there unfavorable results, these being acute nephritis and anasæra in a patient who had taken six drops twice daily for three days.

Wildhagen found the drug valuable in phthisis with consolidation, but without cavity. Hofmann's experience extends over several thousand cases, and he found relief and sometimes improvement even in advanced cases; the medicine must be discontinued during hæmoptysis. It increased the appetite and power of assimilation.

Rosenbusch claims remarkable results from intrapulmonary injections. A one-fifth per cent. solution in almond oil was employed. No bad effects were observed except hæmoptysis in one instance. Injections were made in the second intercostal space or supraspinous fossæ.

Sahli recommends guaiacol because it is a more definite body and has a more constant action. Its taste and odor is more pleasant than creosote. In those patients with fever, diarrhœa is some-

times produced. It is indicated in the less severe forms of the disease, when a permanent cure is to be hoped for.

J. Horner found the appetite restored, and cough, fever, expectoration and number of bacilli diminished. Never observed unpleasant symptoms, and patients generally take it without difficulty. Dose 0.05 (4-5 gr.) in pill increasing from three to ten.

In a very exhaustive article on "The Treatment of So-called Phthisis of the Larynx," in the *Journal of Laryngology and Rhinology*, July, 1889, Dr. Sedziak writes as follows of creosote: "Cadier, of Paris, 1878, was the first to apply wood-tar creosote locally, and with good results, in cases of ulceration of the vocal cords, with affections of the posterior region of the larynx. According to Schmidt creosote brushing irritates ulcers, and so he applied this solution on the base of the tongue, advising the patient not to swallow, but to breathe freely during phonation; the fluid thus remaining a longer time in contact with the ulcerations. He saw good results in certain cases, even healing of ulcerations and diminution of infiltrations. Balmer mentions that he saw healing of ulcerations after applications of creosote for a week, although in other places new ulcers were forming. Krauthe saw no recoveries but only amendment. Gouguenheim opposes, while Lublinski praises creosote, the latter obtaining cicatrization of ulcers under its influence. Sedziak had had no experience with the drug, but did not believe that it had any superiority over other antiseptic drugs in laryngeal tuberculosis. The local application was not without objections, as it produced loss of taste and a strong burning sensation." Cadier's prescription, dose not given, was creosote, 1.0; spiritus vini, 4.0; glycerine, 60.0.

In the "Cyclopedia of Drug Pathogenesis," we find among the pulmonary symptoms in brief as follows: Dry cough, or with difficult expectoration, with scraping in the throat and soreness of the chest. Crawling, tickling sensations in the chest cause dry spasmodic cough, with retching. Feeling of weight in the chest with dyspnoea, shooting, stitching pains through the chest, and so on. Certainly nothing here to warrant any idea of the homœopathicity of creosote to phthisis. The symptoms being due rather to the action of the drug which Labbée summarizes (*Ibid*) as follows: "From a small dose there is a stimulant effect on the digestive tract. From a larger dose there will be first gastro-enteritis with its accompanying pain, vomiting and diarrhœa, etc.; then \* \* \* circulatory and respiratory difficulties, due to absorption of the poison rather than to sympathy with the gastric irritation. Next there ensue effects due apparently to the elimination of the drug, viz., bronchial irritation. \* \* \* The circulation and respiration are profoundly affected, after



massive doses, the heart's action being slowed, dyspnoea and suffocation coming on, terminating in asphyxia from excessive bronchial secretion and arrest of the heart's action." The principal lesion discovered post-mortem in experiments on animals (Stillé, *Ibid.*), was universal vascular injection of the gastro-intestinal mucous membrane. The lungs were gorged with blood, and in the heart and great vessels this fluid was more firmly coagulated than usual.

Dr. Wm. Perry Watson in "The Value of Creosote in Fifty Cases of Disease of the Air Passages" in the *Virginia Medical Monthly* for October, 1889, says: "Of the above unselected cases of disease of the air passages, eight were in the last stages of consumption; and while improvement was noticed for a few days after the creosote treatment was used, yet it had no permanent effect.

"Of the sixteen cases with simply consolidation, the improvement was so marked in all cases but two (one complicated with chronic Bright's disease and one with consolidation at both apices), that they were discharged from the hospital.

"Of the six cases of chronic bronchitis, some with emphysema, others with pleural thickening, all were markedly improved by the treatment.

"Of the five cases of acute bronchitis, all were rapidly cured.

"The case of acute pleurisy, with effusion, was quickly cured.

"The cases of laryngeal phthisis were improved.

"The case of acute laryngitis was cured by the inhalations alone.

"The cases of nasal catarrh, as a complication, were quickly cured."

He also draws the following conclusions:

"While creosote will not cure all cases of consumption, yet it will benefit nearly all; that in cases with simply consolidation before the 'breaking down' process begins, it seems to arrest the diseased process, and further investigations will be required to ascertain its permanent utility, although similar cases observed for a long time by Robinson and Flint would convince us that the improvement was lasting. In acute and chronic diseases of the bronchi, its use was very marked, cases of the former being quickly cured, while those of the latter were improved sufficiently for them to leave the hospital in a short time. Another very important fact noticed in these experiments was that the more constant the inhaler was worn, and the internal mixture taken, the more marked was the improvement; so that I am satisfied, that to obtain the full benefits of this treatment, the system should be saturated with the creosote as rapidly as possible; and while I should not expect any miraculous cures, yet I believe it is, combined with good hygienic and dietetic surroundings, the most promising treatment of con-

sumption in the laboring classes we yet possess."

Dr. W. H. Thomson, in a paper (*Med. News*) on "The Influence of the Microbe Theory on the Treatment of Phthisis," says that there is an apparent inter-dependence of bacterial growths upon each other. The streptococcus pyogenes is the most widely distributed microbe known in pathology; so that it may be doubted whether any process in which suppuration takes place ever occurs without it. May not this pave the way, as it were, for the tubercle bacillus, which without its aid would not find a suitable soil for its development? If this is so then the indications are, check all suppurative processes in the lungs; remove the pus, and prevent putrefaction of pus. One of the best agents against suppuration is creosote, and this may be used both by inhalation and internally. Dr. Thomson related two cases of phthisis with well-marked cavities in which permanent recovery followed the use of creosote. While many cases were not affected by this remedy he believed, on the whole, it was of more efficacy than any other.

We may conclude then that the drug has an anti-catarrhal and an anti-suppurative action. That it is of greatest service in apyrexial conditions. It is of use in the initial apex catarrh stage and possibly in the second stage. It is probable that it has a local action on the pulmonary lesion, promoting a growth of fibrous tissue around an area of consolidated or broken down lung structure. That as a rule there is a decrease in the number of bacilli, but whether on account of a specific anti-bacillary action, or from its influence over the suppurative action, which is more probable, is not determined. The beneficial influence is seen on the night-sweats and dyspnoea, while the sputa are diminished in quantity and improved in appearance; the appetite and weight is increased; fever, pains in throat and chest are lessened and the general strength is improved. Improvement in gastro and intestinal digestion seem to better fit the patient to withstand fresh inroads of disease. The remedy must be administered for a long time.

Contra-indications are: the hectic stage, tuberculosis of intestines and diarrhoea, amyloid degeneration, late stages of phthisis and hæmoptysis, although the latter is denied by some writers.

**The Microbe of Malaria.**—At a recent meeting of the Academy of Sciences, Prof. Bouchard presented, in the name of Prof. Laveran, of Val de Grâce, a memoir on the Parasite of Impaludism. The parasite brought to notice by the author in 1879 is considered as being incontestably that which produces intermittent fever. Wherever cases of fever were examined the same organism was found, and that not only in France, but also in Germany, in Italy, in Russia, in Algiers, in Madagascar, etc. M. Bouchard, therefore, considers it as demonstrated that intermittent fever is due to the parasite discovered by M. Laveran.

THE BIOLOGY OF THOUGHT, WITH SPECIAL REFERENCE TO THE ALIENATION OF THE MIND.

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IV. THE FORMATION OF THOUGHT.

IF WE had to take it upon the word of the professor of languages, Dr. Max Mueller, F. R. S., there would be no knowledge without language. He calls it a "passive stupor," if a person feels the dark only, without having a word for it.\* But it seems, in this opinion, there goes for much the professional self-complacency which likes to make out of the own study the centre of the universe, similar to the pretension of privilege, which makes the political aristocracy of Europe hold, that man begins only with the baronet. Besides, there is another authority, which, in its way, we dare say, is about as good as that of Max Mueller, telling us that the best thoughts are those which fail to be expressed.†

The very elements of grammar speak against Mueller's doctrine. A noun, unless it be the name of an individual, never refers to any individual thing, but always to a class or a category. Now, then, how can the knowledge of an individual specimen of a class be conditioned by the knowledge of the class-name or the word for it? It is extraordinary, that we have to remind of this point of grammar a professor of languages, the celebrated Sanscrit scholar and investigator of comparative philology, Dr. Max Mueller, F. R. S. †

On the other hand, Goethe and the many noble heads, who hold with him that the best thoughts are those which remain unspoken in the heart,‡ use a wrong expression. They should not have said, that the best thoughts are those which remain unspoken, but that the highest or deepest feelings are those which language fails to give a form. For, in as far as thought as such is concerned, the claim of Max Mueller must be acknowledged, that it is language only in which it exists.§

\* Three Introd. lect. of the Science of Thought, p. 46.

† Goethe, likewise Schiller, and many other poets of highest renown.

‡ "Could I embody and unbosom now

That which is most within me—could I wreak  
My thoughts upon expression, and thus throw  
Soul, heart, mind, passions, feelings, strong or weak,  
All that I would have sought, and all I seek,  
Bear, know, feel, and yet breathe into one word,  
And that word were lightning, I would speak;  
But as it is, I live and die unheard,  
With a most voiceless thought, sheathing it is a sword."

BYRON, Ch. Har., pilgr. 3, xciv.

§ Goethe says in Faust (prologus in heaven):

Man, in the darkness of his drift innate,  
Has of the right road a good consciousness.

This is illogical; consciousness and darkness exclude each other. What Goethe meant to say is:

Man in the darkness of his drift innate,  
Takes the right road without full consciousness.

A deed can be according to a moral principle, without consciousness of the latter. But a moral principle can not exist except in its consciousness. The sentence, as Goethe has it, is, therefore, what the logicians call, a *contradictio in adjecto*.

Some examples will demonstrate this beyond a doubt. Howsoever talented be a description of the music of Don Juan by Mozart, or the ninth symphony of Beethoven, a person, by reading it, would learn very little of the two compositions. By once hearing them, he would know of them more than he could ever learn of any quantity of descriptions. On the other hand, a person, studying the writings of Winckelmann and Lessing on the group of Laocoon, will enjoy the view *in natura* of the latter more, than a person destitute of the knowledge imparted by such study. But this again only because such person GOT TAUGHT TO SEE. And the cause why Winckelmann and Lessing could comment on such a high theme of sculpture, was not in their great philological or linguistical proficiency, but simply in their keen sense of beauty. It is the seeing which supplies the expression and the thought and the language which they are. But wherever the sense of beauty is lacking, no language in the world will ever make a person see and enjoy a work of art.

Max Mueller is no observer of animals, else he would not claim, because of their not knowing as much as the A B C, that their life is "a passive stupor." The "passiveness" especially must be contradicted. What there is of mental life in animals is action. Passiveness is, if any, a characteristic attribute of the reflective abstraction, in high human intellectuality. There are animals, it is true, whose mental life does not transgress much the reaction of aspen and *mimosa pudica*. But they are only the point where plant-life merges into the animal form. In a mockingbird or a nightingale, however, in a thoroughbred Arabian horse, or a St. Bernard dog, life, although destitute of every trace of philology, is so little a stupor, that it may be called nobler than that of many a jabbering dealer in old clothes, or similar individual, who, under the name of man, clatters his brazen kettle.

According to Max Mueller, botany, studied by learning by heart all the names, Latin and native, of the flora of the country, would be a more valuable possession, than a full acquaintance, by sensory impressions, with the plants themselves. Common sense teaches, however, just the contrary. Let a cook know ever so little the name of Hemlock, if only, at sight, she can distinguish it from parsley, she is adequate to her position and calling.

If Max Mueller be capricious, he may insist on calling toothache a passive stupor. But it would be absurd, to claim, that a young graduate in dentistry, with all of his grinders in good condition, but who presented his examiners with a philosophic tract on the torture by toothache, knew more of the latter than a dumb mute who had it. That Robert Burns wrote such a wonderful poem on toothache, was *primo loco* not

because he was Robert Burns, but because he had had a terrible toothache himself.

Man would do well to not vainly enhance the intellectuality peculiar to him. The primordial conception, which calls into mental existence his world, is of the same kind as that which psychologically calls into existence the world of the higher animals. The only difference is, that the consciousness which the animals have in their intellectuality, comes out with nothing save the bare existence of the world, their world, while man, in an additional reflective faculty, is able to turn this first consciousness on itself, and view it in the light of his own luminousness. The animal, in apperceiving the world, has a consciousness of it, and there is an end of it. Man, in apperceiving the world, has not only a consciousness of the same, but begets a consciousness of his consciousness. All that the animal gets, is an image of the world to act upon. Man gets not only an image of the world to act upon, but has besides the faculty, to think about this his getting, and, as a matter of course, his doing, too.

On first appearance there seems to be an impossibility of the demonstration of this condition of things, and the astutest, even, among the recent philosophers, Arthur Schopenhauer, called the problem the knot of existence and insoluble. For it would appear, indeed, as though on any attempt, to get conscious of our consciousness, the second consciousness aimed at, could never be more than the first one over again. But it will be seen, that through the means of a certain turn we shall be able to solve the knot, and put things as clear as—well, as clear as they use to be, after they have been made so: We shall see that the secondary knowledge, which we attain by getting conscious of our consciousness, so far from being the original consciousness over again, is a peculiar way, in the reflective faculty of our intellect, of turning our primary cognition upon itself, thereby establishing in our mind a new object. This newness is only a matter of form; it is only a different mode of apperception. But that is sufficient for a differentiation in psychology, and enables us, to not only know of the world, as all mammals do, but to know of this our knowing, irrespective of the sameness or identity of the world in either case.

A considerable intricacy of the whole subject can, however, not be denied,\* and it will be well, therefore, to ease up our demonstration by starting it with an illustration.

Suppose a medical practitioner, provided with nothing but his primordial or the animal-like faculty of recognition, goes to the bedside to diagnose disease, and he gets the general looks of his patients, examines the tongues, palpates the

chest, and listens to the sounds of the hearts and lungs. What is it that he will take up in his intellect? More or less complete images of outer things, and some extra sensory impressions which must remain incoherent because dependent on only one sense. Supposing now, that he keep on visiting, seeing in succession a considerable number of patients, and getting consecutively again the same kind of impressions, and hoarding up in his sensory apperception image after image of a similar character. What will be the end of it? An over-accumulation of images and sensory impressions, of which the one will crowd out the other, leaving in his memory a confused mass of sensations, a full consciousness of which could never be recalled, unless he were to go the same circuit, following up his patients exactly as he went the first time, without even then, however, even if reiterating continuously these visits, being ever able to master the material which he would thus collect for diagnosis; the richer his material would be, the poorer he would be off for a diagnosis; the way in which it would get stored up in his intellect, would make it unfit for thought. It could be made avail of for immediate physical purpose, or any action the scope of which were the range of mechanical deeds. But that would be all. The physician would have in his head a confused mass of tongue pictures, all running together. But he would not be able to form a single principle; he would be the worst of all empirics.

On the other hand it can not be denied, that the knowledge such a physician would have accumulated, is precisely and uniquely what medical science has to fall back upon, in making a diagnosis. If it be not thought itself, it is the material of it. The most sublime medical genius could not create any other, and the question is only, how can out of this material of thought be produced thought itself?

Millions of years, probably, had to elapse, before man developed in his sinciput the organ for such a faculty. But here as elsewhere the French proverb holds good, *ce n'est que le premier pas qui coûte*; all the difficulty is in the start.

Let us now, in our exertion to continue in our demonstration illustratively, suppose the physician as endowed with the peculiarly human rationality, which is developed in the faculty for abstract thought. What is it, such a one starts with on his round of tongue-examinations? It is something like this: "We examine the tongue to ascertain whether it is clear or furred, dry or moist, its color, etc. What is the meaning of a furred tongue? A tongue may be furred from febrile disease, from local causes, or from sympathy with the stomach, intestines or liver."\*

Now, then, what is the characteristic difference

\* *Nous ignorons les conditions anatomiques et physiologiques nécessaires pour la naissance d'une idée abstraite, says Th. Ribot, p. 8, of his interesting essay on Les maladies de la volonté. (Paris, 1889.)*

\* Ringer, handbook, p. 2.



between this reasoning and the sensory apperception presupposed in our former example? It is this: In the former example the knowledge gained referred outside, to an individual tongue or to a plurality of tongues, and was the image of such a one or ones. In the present illustration, however, the knowledge exhibited refers to no individual tongue at all, but transforms it into a thought, and handles it as such; it refers to no individual tongue by itself, but to all tongues; it makes out of the individual specific images in concrete existence, something abstract, A GENERAL CLASS.

How was that done?

By being intensely attentive, we can notice the difference in the intellectual process, of seeing a tongue, and of thinking one. The former is expatiation, the latter is inworking. We can in our sensory apperception form the image of a tongue, without there being anything else to form an image of than that tongue. But we can not form the thought of a tongue, without there being something else to form a thought of, simultaneously. The restriction of our sensory apperception to only one object, for want of exercise, would be degenerative. But the restriction of our abstract faculty to an only object would be preventive. In apperceiving an object in individually concrete existence, we refer our knowledge to this specific entity, and it is sufficient, for the intellectual act, that it be there. In apperceiving an object in our abstract reflection, we refer this knowledge to some other object in the self-same abstract reflection, and without such an other object the intellectual act would be absolutely impossible.

And this analysis of the condition of things obtaining, enables us to establish the principle, that, in abstract knowledge, or in thought, instead of referring our apperceptions to any individual, concrete existence in the sensually present world, we bring it into GENERAL RELATION WITH EACH OTHER.

We shall understand this more fully, if we try to further analyze the detail of our process of abstraction. What is it we do, in thinking a tongue? We think it AS IN A CERTAIN PROPORTION RELATIVE TO SOME OTHER THING. A complete tongue-thought can not, therefore, be formed except in a form like this: a tongue is not a bone. For tongues as little as bones can be thought as classes, unless they be comprehended as proportionately relative to each other. To speak of one class by itself would be an absurdity, the very idea of a class being the generally proportionate properties of things, relative to those of others. The presupmise of a class is, therefore, the co-existence of another one, relative to it.

And it is unexceptionally this rule all thinking goes by. To think the tip of a tongue, it is in-

dispensable to think simultaneously its root; the idea of the one is in its relative proportion to the other, as expressed in the judgment, the tip is not the root. Likewise, the median line of the tongue can not be thought, without thinking simultaneously its edges; the contrasting of the one to the others is the condition of the formation of either thought, as expressed in the judgment, the edges are not the median line. Likewise the other pathological abstractions in our example could not be achieved, except by comprehending every thought in the relative proportion of its contrasting propriety, this giving birth to the judgments, furred is not smooth, white is not pink, raspberry is not brown, clean is not foul, constitutional is not local, the throat is not the stomach, the intestine is not the liver, etc. Once the ice of our sensory apperception, in which it is ever only the individual image which plays a part, broke, the formation of thought in abstract reflection goes as in a storm, starting always, as before mentioned, by apperceiving the relation in our apperception in its coarsest contrast. Our abstracting faculty consists in the capability of dividing the sensations in our primordial apperception into classes or categories, and, as a matter of course, it is the more conspicuous classes which in our intellect are conceived first. But, the right method of functioning once established, the further exhibit of our faculty of abstraction was not any more difficult; "nothing is so easy to be understood as our understanding, nothing so perfectly reasonable as our reason."\* The more accomplished use of the specific human intellect, up to the most intricate fineries of speculative science, even, is never, can never be more than a modification of the same method, and as far as this amplification of our abstract reflection is concerned, Max Mueller is right: "the whole of our intellect, all the tricks of the wizard in our brain, consist in nothing but—addition and subtraction." In the judgments given off it will be either the greatest contrast in the classification of our sensations which they refer to, or some shading off. But the judgments are always a classification, no matter how nice be the "addition and subtraction."

The whole science of mankind, indeed, was developed out of these primitive forms. And most certainly no science ever could, nor ever shall, be anything than the consciousness realized in these forms of thought of our primordial sensory apperceptions. All science of mathematics being lost, it could be developed anew out of such simple judgments as, a point is not a line, and, a multiple is not a unity.

An extensive use of the new method, however, could not be made, without a technical auxiliary. The most adapted brain could never store judgments in the way in which our sensory apper-

\* Max Mueller, p. 41.

ception takes place, without embodying the spir-  
ituous achievement. There would be no func-  
tionating of our faculty of abstraction without it.  
The function of our intellect is, to objectize the  
world, and consequently, thought, on being  
formed, besides being an object of our faculty of  
abstraction, had to be made again an object of  
our primordial, our sensory apperception. Ab-  
straction could not handle the fruit of its own  
doing, without seeing what it had been doing.  
Our faculty of abstraction needs no technical  
auxiliary for starting the first germ of thought,  
for this obviously was the inducement of its in-  
vention. But it needed it as a help of storage in  
the memory, and for combination, enlin for all  
functionating in subsequent use.

This gave birth to symbols or to an idiom, and  
thus is explained the ominous fact, that the  
sense which there is in word and language, is  
there only by virtue of the sense, which there is  
in the man who uses it.

Referring once more to our example, it is easy  
to see, that with the additional, the specifically  
human knowledge, the physician on his round of  
examination was better off. Making his physical  
diagnosis, he was not any more restricted to a  
cognition of individual objects, nor hampered by  
their overwhelming plurality, but through means  
of abstract, categorizing generalities, enabled to  
free his combination of thought from all bonds of  
sensual presence, accordingly to separate the es-  
sential from inferior and secondary points, and  
thus, by drawing into account only such considera-  
tions as seemed to bear upon the question under  
survey, make inferences, which he never would  
have been able to reach in being restricted to the  
simple, animal-like use of his five senses. And  
then, language permitted communication, discus-  
sion, study, teaching and learning, and in litera-  
ture the hoarding up of observation, experience  
and thought, or science, and enabled him to sup-  
ply his own limited sphere of sensory contact out  
of the treasury of all culture and civilization.

Sense in language, however, as the word im-  
plies, there is none, unless its meaning can be  
traced back to the sensory impression, or exem-  
plified in it, and it should never be trusted beyond  
what can be verified on this score. All claim of  
a sensibility in language, beyond a control of our  
senses, is, as the word indicates, nonsense.

As I said before, millions of years, probably,  
had to elapse in the exclusive use of our animal  
propensities, before it was developed in language  
the function of reflective apprehension and ab-  
stract reason, and as it would appear from the  
shortness of human history, the term of that  
period of darkness was not very many thousand  
years ago. But all the prouder our own time  
may be, that the anatomical corollaries even of  
the demonstrated relation have been discovered:  
while there is found in the brain one class of fibres,

which is called the projection system, and the  
function of which is obviously to extend the sen-  
sory impressions to the cortical substance of the  
upper lobes, because these fibres radiate from the  
cortical substance towards the ganglia of the base  
of the brain, there is found another class of fibres,  
which is called the association system, the func-  
tion of which is obviously to be intermediary to  
the secondary apprehension, described above, by  
which we get cognizant of the single sensory im-  
pressions, without relation to any definite outward  
object, as a proportion only in relation the one to  
the other, because these association bundles of  
fibres are *fibræ propriae* of the cortex; they be-  
gin and end in the latter.\*

The projection system does not allow of any  
other function of the brain, than in sensual  
specification objectize the outer world and our  
own self. "The projection fibres, which are to be  
found everywhere in the cortex, represent the  
various organs and surfaces of the body to which  
these fibres extend through their prolongations—  
the peripheral nerve tracts."† "Mutatis mu-  
tandis we may argue that the cerebral cortex is  
the surface upon which the entire body is projected  
by means of these nerves."‡ The apperceptions  
which take place here, call the world in exist-  
ence first, and they are regularly referred to an  
outward object. They receive the coloring  
which is implied by the humor of the apperceiv-  
ing individual. But this coloring is also re-  
ferred to the outer world; in this primordial,  
sensory apprehension it is conceived as constitu-  
ent part of the outer object and perfectly in-  
tegrant with it. "We can observe the projec-  
tion fibres radiating from all the lobes of the  
hemisphere toward the lenticular nucleus as  
toward a common focus,"§ and this illustrates  
our theory, that it is the primary conception  
which in it takes place.

This primary conception is the material of  
thought, not thought itself. Thought itself is  
found through means of the arciform association-  
bundles of each hemisphere, which constitute an  
anatomical connection between various convolu-  
tions separated by fissures. "They represent the  
union of the various divisions of the fore-brain to  
which alone these fibres belong,"|| and than  
which largest division of the human brain, there  
is nothing that "diminishes as rapidly in volume  
as we descend in the animal series."¶ It follows  
from this that "all excitations of the fore-brain are  
secondary."\*\* The functions of the latter de-  
pend, therefore, in every single instance, "upon  
impressions received primarily in the subcortical  
centers."†† And this arrangement is as fully an  
illustration of the theory that it is only man in  
whom is found this secondary, reflective, or ab-

\* Meynert, l. c., p. 39.

† Id. Ibid., p. 43.

‡ Id. Ibid., p. 39.

§ Id. Ibid., p. 46.

|| Meynert, l. c., p. 43.

¶ Id. Ibid., p. 1.

\*\* Id. Ibid., p. 136.

†† Id. Ibid.

stract, knowledge, as it is an illustration of the axiom, that a conception which is formed by seeing off from individual sensory objects, can not be sensible unless it can be traced back to and exemplified in them.

It is important to notice, that "the U-shaped bundles of the cortex do not necessarily extend simply from one convolution to the next one adjoining, but they may skip one, two, three, or an entire series of convolutions, and may then join convolutions which are united among themselves to a convolution lying at some distance from these."\* This explains why lesions of the cortex are not so immediately followed by corresponding restrictions of the intellectual function: "Intelligence is located everywhere in the cerebral cortex and nowhere in particular."†

There is a certain anatomical independence, even, of the fore-brain, denoted "by the ease with which both the island of Reil and its medullary substance can be dissected out from the external surface of the large ganglia."‡ The fore-brain, as that part of the encephalon which is specifically human, being in equal proportion found in no animal series, towers anatomically over the rest of the brain, parietal, temporal and occipital lobes, and this corresponds with the psychical functions of either. The hind part of the brain is subservient to the apprehension which is referred by our intellect to the outer world, or to the objectizing of the latter. The fore-brain is subservient to the apprehension which is referred to the relation of the single impressions, the one to the other,§ and owing to this arrangement, the fore-brain in man is morally of so great an importance. Where an animal in its sensory apparatus gets an impression, the whole intellectual process going on in the brain is, that the understanding of the impression is accomplished; it is in the cerebral cortex brought to perfection, and will, according to the mood set up in the brain by the impressions from within, shape out of the impressions from without a motive of action, and this motive once started, the animal will act. There is no physical agency to inhibit it.

Different in man. Owing to the enormous storage of knowledge which is possible in the fore-brain, because this knowledge, instead of being, as in the primordial apperception, an accumulation of full images of the world, consists only of an analysis, as it were, of the latter, or of a knowledge of our mode of apperceiving, man makes himself, in a measure, independent of the motives of action which he gains by his bodily surroundings for the time being. Accordingly, in addition to the motives turning up in this outward world which is immediately present, he has those gained by former experience, and in competition with the sensory impressions he can

bring them into play. More than that, even. The peculiar way of our secondary consciousness in the fore-brain enables us, to not only store up impressions by so to speak storing up only their roots or elements, but, by the classification which we perform, to bring them into a systematic relation to each other, or to THINK about them, and this faculty of co- and subordination gives us the, morally as well as scientifically, enormous advantage to form PRINCIPLES, scientific principles of thought, and moral principles of action, and consequently, by virtue of our reflection in the fore-brain,\* we can control ourselves,† this, at least, if the mood in which we receive the motives of the outer world is not too imperious for such control, as which is an altogether individual question depending on the relation of force in the different agencies.

It is a secondary individuality which is set up in man through the means of the function of the fore-brain.‡ But it should not be forgotten, that it is not the function of abstraction alone in which the mental faculty of the fore-brain is exhibited. Animals have no capability of abstraction, but they have a fore-brain, and they are far from being left without any intellectual benefit by the latter. It is a fact of anatomical observation, that the fore-brain in no animal series ceases to be hand and glove with the subcortical centers, and that the development of the latter is in keeping with the size of the former. There seems to be "a harmonious dependence between in the form of the brain-trunk-structures and the quantitative development of the fore-brain."§ In an animal the prosencephalon is insufficient for the formation of thought and the necessarily concomitant development of a rational language. But those animals, which possess a more developed fore-brain, will exhibit more intelligence in judging the outer world than those which have not such a one. The fore-brain they have is insufficient for the supply of a new kind of apperception. But it is supplementary to the intellectual function of the animal kind; it will enable animals, endowed with it, to draw conclusions and make combinations, which those, that are deprived of the anatomical outfit, or supplied with it to an insufficient degree, are unable to make, and thus add to the intelligence which they have in their way.

Likewise, the bare fact of the possession of a fore-brain does not make man a rational being. There must be enough of it, not only physiologically, by birth, but also psychologically, by education. An idiot may stand psychically lower than the highest animal series, and if an animal exhibits in its judgment in the outer world more sagacity than a human being; if man sets it down as instinct, this is due only to an exaggerated feel-

\* *Ib. Ibid.*, p. 39.

† *Meynert*, l. c., p. 25.

‡ *Munk*, *Cf. Meynert*, l. c. p. 149.

§ *Ib. Ibid.*, p. 150.

\* *Cf. Meynert*, l. c., p. 140. † This is cortical inhibition" *Ib. Ibid.*, p. 197.

‡ *Ib. Ibid.*, p. 175.

§ *Ib. Ibid.*, p. 142.



ing of conceit and the outcome of self-love and pride.\* There is no more instinct in an animal than in a savage, and the cases of superiority of their use of the senses, over that seen in civilized man, is intelligence, intelligence *sui generis*, no doubt, but which is in no way different from the primordial conception in ourselves. And this is easily explained. The fore-brain, not being used for abstraction, is an increment to the hind part of the brain used for primordial conception, and will increase this faculty. The hind part of the brain never by judicious use and exercise being developed, but training at its expense exclusively the fore-brain, the faculty of primordial conception will become rudimentary, and as a natural consequence recede under the animal series. And this, moreover, without any advantage to the fore-brain. For, abstraction depending for its evolution on the development of the subcortical centers, as not only its basis, but its material, all one-sided training of the fore-brain or of linguistic knowledge, is no creation of judgment, but only an accumulation of learning, forming that class of empty heads, who will talk and no end to it, but—never say anything.

### CLINIQUE.

#### RUPTURED TUBAL PREGNANCY.†

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IT IS an interesting fact, that given the contact of the essential elements of reproduction, conception may take place in any part of the abdominal cavity. And further, provided the spot where this occurs can furnish the structure of the placenta, and possesses sufficient elasticity, the ovum may develop and obtain such a degree of nourishment as to insure its vitality for a period approaching full term. It is a matter for congratulation, that this is a rare accident, for beyond doubt, it subjects a woman to the most serious consequences connected with the exercise of her reproductive function.

Ectopia pregnancy is probably more frequent than it was formerly believed to be, and it has been shown by Mr. Tait, that the larger proportion of such errors of gestation take place in the Fallopian tubes, and that their subsequent history is marked, either by rupture into the cavity of the broad ligament, or into the cavity of the abdomen. We can not, however, doubt the possibility of conception taking place in the abdominal cavity, but that more than this occurs, may well give rise to questioning, for there is little

evidence that the cotyledons of the placenta are developed from any other structure than that which lines the fundus of the uterus and the Fallopian tubes. After development they may possibly become attached to organs covered with peritoneum, but it must be remembered that the foetal part of the placenta has already formed. The uterus is essentially the placenta forming organ. This is its most important function, and one which it alone possesses, a function, moreover, that probably is not developed until puberty, and which ceases at the climacteric involution.

While, therefore, it can not be asserted that impregnation never takes place in the abdominal cavity, there is little to support the belief that any development of an ovum can follow such a conception. I am very much inclined to agree with Mr. Tait in this particular, and to look upon all extra-uterine pregnancies, whatever their position may be, that have passed beyond the stage of impregnation, as primarily tubal.

The history of ectopia pregnancy will be influenced, not only by the portion of the tube involved, but also by the point at which rupture occurs. The question is a mechanical one. Near the uterus, where the tube is imbedded in uterine tissue, the structures are less yielding, and will consequently bear the greatest degree of pressure before they rupture. Mr. Tait thinks that rupture in this situation may be expected between the third and twentieth week. This is a wide range, and from the museum specimens which I examined while in Europe this summer, I would place the limit somewhat lower, between the third and fifteenth or sixteenth week. Both Mr. Tait's and my own observation, however, are wholly derived from post-mortem and museum specimens, and therefore can not be accepted as conclusive.

When pregnancy occurs in the free portion of the tube, rupture usually takes place before the fourteenth week. The rupture then may be directed either towards the peritoneum, or into the cavity of the broad ligament. The former course is fatal if not operated upon. The latter may go on to the period of viability, and forms many of the conditions which have given rise to a belief in primary abdominal pregnancy. But abdominal pregnancy, meaning that conception takes place, and gestation proceeds in the abdominal cavity, intra-peritoneally, has not been established, and it is probable that the majority, if not all of the supposed instances of abdominal pregnancy, are primarily tubal pregnancies that have ruptured towards the broad ligament, and have either retained its cavity as their uterus, or have ruptured secondarily into the abdominal cavity, thus becoming intra-peritoneal. In the second situation, the fetus lies among the intestines, the placenta retaining its tubal attachment, or becoming adherent to abdominal viscera. In the first situation the fetus

\* "There is no gap between conscious and reflex movements to be filled in by instinct"—Meynert, l. c. p. 170.

† Read before the "Homœopathic Medical Society of the County of New York," Nov. 14, 1889.

becomes extra-peritoneal, and as it grows, may separate the peritoneum from the pelvic walls to such an extent as to obscure the true origin of fecundation.

This stripping of peritoneum from the pelvis is found in some cases of broad ligament cysts, and gives rise to very puzzling anatomical relations, to relations of organs, which when seen for the first time, lead the surgeon to doubt the correctness of his diagnosis. In one case that I saw with Mr. Tait, the peritoneum was stripped off up to the left kidney, giving the impression when the abdomen was first opened, of the tumor being connected with that gland. In one of my own cases, an almost similar condition obtained. The method of dealing with such a condition will of course be to enucleate the tumor out of the peritoneum.

Concerning the early diagnosis of tubal pregnancy, there are differences of opinion. By some surgeons it has been asserted that the diagnosis is a matter of little difficulty, by others that it is impossible. I have no wish, either to criticise or to undervalue other surgeons' powers of diagnosis, but in the cases that I have seen, there has not been a single symptom or condition to support the belief that tubal pregnancy in its early stages, before rupture takes place, can be diagnosed with certainty. Of course it may be suspected,—any condition may be, that is sought for—but that a positive diagnosis can be reached before rupture, I must doubt. This is a position very strongly insisted upon by Mr. Tait, and his unusual skill in diagnosis, and vast experience, naturally lead one to believe that his utterances voice the opinion that is most consonant with facts.

There is nothing in the structure of the Fallopian tubes that would cause a pregnancy there to give rise to general conditions different from those belonging to a uterine pregnancy. Until the period of rupture, the embryo is very small, and even if other symptoms lead to the suspicion of pregnancy,—but such are not likely to appear so early—a physical examination, rarely thought of when only two or three menstrual months have passed, would reveal little more than an enlarged tube, a condition found so frequently not associated with gestation, that it could not be taken as at all conclusive of tubal pregnancy. After rupture takes place, either into the abdomen with its consequent hemorrhage, or into the cavity of the broad ligament, with the sudden development of a lateral pelvic tumor, though even this may be mistaken for an hæmatocele, the diagnosis becomes a comparatively easy matter.

Those of us who have become familiar by vaginal and bi-manual examination with the pathology of the broad ligaments and Fallopian tubes, can not fail to appreciate the difficulties that attend the finer shades of diagnosis of these organs. Grosser

pathology can be made out. An enlarged tube containing pus or serum, possibly an adherent tube, or a broad ligament tumor, the educated finger will at once detect; but I am very skeptical regarding such a nice discriminating power as would enable one to diagnose between an ovum three or four weeks old in a Fallopian tube, and a collection of fluid in the same structure.

I have a growing impression that at least some of the cases reported as tubal pregnancies that have not ruptured, or gives trouble, further than slight local discomfort, have been instances of tubal disease not at all associated with pregnancy. To those who have felt and examined the freshly removed ruptured pregnant tube, and have also become familiar with the feeling of the damaged uterine appendages both before and after removal, I think this opinion will present claims for consideration. Save in a record of irregular, I will not even say missed menstruation,—in tubal diseases there is frequently a similar history—and in the suffering attendant upon damaged appendages, there is little in the subjective history to distinguish between tubal pregnancy and pyosalpinx. Moreover, the latter may present a group of symptoms that closely resembles pregnancy, for I have seen a case that I diagnosed pyosalpinx, the correctness of which was established by an operation, in which the menses had ceased for two months, and in which there was well-marked nausea. One case of tubal pregnancy that I examined, presented every symptom of pyosalpinx, and was diagnosed as such, the mistake not becoming apparent until the removed appendage was opened, when the foetal remains could be clearly distinguished. This belonged to the rare class of non-ruptured cases. Neither in the previous history, nor in the conditions at the time of operating, was there anything to point to tubal pregnancy. The lady was about thirty years old. She had been married ten years and had one child nine years old, with no subsequent known pregnancies. From that time until the present, there was a clear picture of tubal disease, and at the operation, there was every reason to believe that the lady was suffering from a collection of pus in the right Fallopian tube. The tube, however, was found filled, not with pus, but with broken down foetal remains. This case is full of interest, as bearing upon the question of diagnosis, and particularly instructive, because of the exceptional opportunity it afforded of examining an undoubted tubal pregnancy before rupture.

We all know how rarely a woman believing herself to be pregnant, applies for an examination during the first few months, and even when she consults her physician, it is very much the exception for her to request or submit to an examination. When one is made, it is for the purpose of ascertaining some abnormal condition, and such an abnormal condition in the majority of

instances is some form of suffering. An examination shows an enlarged tube or swelling lying at the side, or behind the uterus. The swelling is usually sensitive, though I have met with cases of pyosalpinx not particularly so. The tumor, in connection with the missed menstrual periods, has, I am inclined to believe, been in more than one instance considered tubal pregnancy. These cases of ectopia gestation do not rupture, but after being treated with electricity and various other means disappear, or leave only a small swelling to mark the site of the original tumor.

Damaged uterine appendages are a much more frequent disease of the female pelvis than tubal pregnancy, and while this fact should not close our eyes to the possibilities of ectopia gestation in any woman we examine, it, together with the absence of definite symptoms before the third month—at which time rupture has usually taken place—should make us exceedingly cautious about pronouncing an enlargement of the Fallopian tubes, or a tumor at the side of the uterus a case of tubal pregnancy. When we learn to differentiate more accurately between the various processes which give rise to distention of the Fallopian tubes and broad ligaments, I believe that the positive diagnosis of tubal pregnancy before rupture takes place, will be less frequent than at present.

Diagnosis after rupture has taken place, should involve no complication with which the general practitioner is unprepared to cope, and upon the early recognition of the condition, depends the life of the patient. Delay is fatal, but Mr. Tait has shown that a prompt operation can cure a large proportion of the unfortunate subjects of this accident.

Usually the patient has missed one or two menstruations, and this circumstance *alone*, leads to the belief in her mind that she is pregnant. The first indication of anything wrong, is sudden, severe pain in the abdomen, followed by more or less well pronounced symptoms of shock, and later peritonitis. This group of symptoms may gradually subside, to be soon repeated with greater violence, or more generally, the pain increases, the collapse from hemorrhage becomes more profound, and peritonitis develops. Such a group of symptoms, including the probability of pregnancy, is quite sufficient upon which to form a diagnosis, and when accompanied with the physical signs of rapidly effused fluid in the abdomen, forms a picture that should admit of no doubt. Some of these symptoms we get in other conditions. Peritonitis uncomplicated with ruptured tubal pregnancy may be accompanied with collapse, and causes severe pain and distention, but there is no history of missed menstruation, and the distention is due to gas in the intestines, not intra-peritoneal fluid.

Having diagnosed ruptured tubal pregnancy,

the treatment admits of no delay, for I have seen no more deadly condition in the whole range of operative surgery than that presented by a woman suffering from an ectopia pregnancy that has ruptured into the peritoneal cavity. These cases must be fatal. They are those which show no remission of symptoms, and unless relieved at once, soon pass beyond the possibility of succor. Arterial hemorrhage is taking place in the abdomen, and there is no reason to anticipate that a blood vessel will close more quickly in that situation than elsewhere. Our plain duty, therefore, is to secure the bleeding point as quickly as possible. In other words, to apply to these desperate cases the great principles of our art; to treat the abdominal cavity with fearlessness, tempered with respect.

Upon examining specimens of ruptured tubal pregnancy, one is surprised at the small size of the rent through which the hemorrhage has taken place. This is best seen in fresh specimens, and seems out of all proportion to the quantity of blood found in the cavity and the rapidity with which it has been effused. The explanation of this is, that the tube usually ruptures where the placenta is attached, and being exceedingly vascular under the performance of its new function, only a small laceration will be required to induce profuse bleeding, but in some specimens that I have examined, I have found considerable difficulty in even finding the point of rupture.

The operation for ruptured tubal pregnancy does not differ essentially from that for removing the uterine appendages. The principal differences belong not so much to the detail of the operation, as to certain conditions encountered. For example, the bloodless appearance of the abdominal walls when cut into, an appearance that reminds one of a perfectly juiceless orange; the dark color of the peritoneum, almost resembling a gangrenous cyst wall, and the appalling hemorrhage that ensues upon opening the peritoneum. By his method of dealing with the latter condition, Mr. Tait has done much to reduce the mortality of the operation.

A brief mention of one of the operations in which I assisted Mr. Tait, last August, will serve to illustrate his method of treating these cases.

Upon our return from a laparotomy in a neighboring city, a local practitioner was found waiting, who gave for his patient a history of ruptured tubal pregnancy. Mr. Tait at once had her brought to his private hospital, and began the operation without delay. At the time, she was profoundly collapsed, with almost imperceptible pulse, and widely dilated pupils. The hemorrhage upon opening the peritoneum was truly appalling, and to one unaccustomed to cases of ruptured tubal pregnancy, and unprepared for such a complication, might well have caused dismay, and interfered with his judgment of how to proceed.



But Mr. Tait, bearing in mind that the source of hemorrhage was in a Fallopian tube, at once found, drew out and ligated, the ruptured appendage.

The abdominal cavity was cleaned of every particle of blood. For forty-eight hours after the operation, the chances seemed greatly against recovery, but the patient recovered, and left the hospital in less than three weeks.

Such a case, and I could add to the number, refute beyond cavil, any objection that might be raised against operating for ruptured tubal pregnancy. In this particular instance the patient could not have lived three hours, and nothing less radical than finding and securing the bleeding point, held out the least prospect of saving life. In the face of such a certain issue any treatment that offers the faintest chance, we should consider it our duty to adopt, and to fearlessly assume whatever risk it may involve. If Lawson Tait had rendered no other service to surgery than to mark out our course in this direction, and practically to demonstrate the success that lies before us, the world would owe him a debt that only future generations can pay.

So far I have spoken only of tubal pregnancy that ruptured into the peritoneal cavity, causing intra-peritoneal hæmatocele, and its operative treatment. But though less dangerous to life, tubal pregnancy that ruptures into the broad ligament, can not always be treated upon an expectant plan. In this variety of ectopia pregnancy is found the chief origin of extra-peritoneal hæmatocele, a not infrequent disease of the female pelvis. A very small proportion of these cases result in nothing more than a broad ligament cyst. This may remain inactive for a length of time, but will sooner or later become active, its contents break down, and require removal. Not long ago I had a case of this kind. The operation was performed for a supposed pyosalpinx, and not until the appendage was removed did I know that I had to deal with an old ruptured tubal pregnancy that had resulted in an extra-peritoneal hæmatocele. I believe Mr. Tait's advice to remove a tubal pregnancy as soon as diagnosed, to be the safest course to follow, but unfortunately our first knowledge of these cases is usually their rupture.

While hæmatocele of the broad ligament, the result of a ruptured tubal pregnancy almost always requires an operation for its cure, it is rather a singular fact, that hæmatocele following removal of the appendages in nine cases out of ten requires no other treatment than rest, and has no more serious influence upon the case than to prolong convalescence. This hemorrhage may take place within a few hours of the operation, or may not show itself in several days, and is due to the rupture of some small vessel more or less connected with the pedicle. I have seen these tumors attain the size of a large orange

shortly after the operation, but in no instance, save one, have they given any further trouble. This was an ovariectomy for rotated ovarian tumor, complicated with pregnancy. An hæmatocele formed, which suppurated, and required to be opened and drained. The woman aborted three weeks after the first operation, but is now quite well. The tumor was almost gangrenous, but its removal presented nothing of especial interest.

The more exact study of diseases of the uterine appendages has led to a better knowledge of the causes of tubal pregnancy. That this accident can not occur when the reproductive organs are healthy, requires no demonstration, but exactly where the disease resides which prevents conception from taking place in the uterus, has until quite recently, and especially through the researches of Tait, Noeggerath, Sinclair and others, been difficult to establish. There is probably at present no doubt, that the Fallopian tubes are the organs at fault. The ovum and sperm cells may be perfectly healthy, but their place of meeting, because of an abnormal condition of the lining of the tubes, determines the extra-uterine conception. This abnormal condition is destructive of the ciliated epithelium which lines the canals, and there is every reason to believe that gonorrhœal infection is frequently the origin of the destructive inflammation. No one can examine an inflamed Fallopian tube, or a salpingitis known to be due to specific contagion, without being impressed with a belief that here lies a chief cause of ectopia pregnancy. The belief is strengthened by an examination of the clinical history of the cases. Those in which the history is complete show, first, a record of inflammation of the appendages, second, of latent gonorrhœa in the husband, and third, development of tubal disease soon after the husband believed himself to be cured of his gonorrhœa. We have, in the majority of these instances, a clear sequence of events, which points with unmistakable distinctness to such an etiology for tubal pregnancy. And it is an interesting fact, that the so-called latent gonorrhœa seems to be the most virulent form when communicated to the female. Why this should be remains a matter for conjecture, but it is certain that the majority of cases that include a history of gonorrhœa, show the latent, not the acute, form to have been the source of infection.

There seems to be a growing impression among surgeons, that the effect of gonorrhœa is more serious upon the female organs than syphilis, and that many of the inflammatory lesions of the pelvis are due to an infection with this poison. The evidence is so strongly in favor of the position that one can not refuse to at least accept it in part. Such a large proportion of the women who apply to us for the treatment of diseases of the appendages, especially salpingitis and pyo-

salpinx, either present other evidences of having suffered from gonorrhœa, or their husbands give a history of an attack before marriage, or one that antedates the beginning of trouble in their wives, that we must accept the two circumstances as more nearly related than a mere coincidence. Not that I would believe that every case of pyosalpinx or salpingitis, occurring in married women, is positive evidence of gonorrhœal infection, for there are undoubtedly causes active in both married women, and virgins, capable of setting up inflammatory processes of the uterine appendages; but I am very strongly of the opinion that not only the majority of such cases, where there has been a possibility of infection, are of specific origin, but that the inflammation having such a genesis is of a peculiarly virulent type, and in a special degree destructive of tissue. The worst cases of pyosalpinx that I have ever seen, have followed undoubted gonorrhœal infection, and they are much more frequent in the married than in virgins. Mr. Tait gives a table of twenty-six cases, in which only four were unmarried, and two of these were known not to be virgins.

But this is a vast subject for discussion, and one not strictly belonging to the present issue. It is a subject upon which I shall hope to make a future communication to this society.

#### SURGICAL MEMORANDA.

BY ARTHUR T. HILLS, M. D.

*Surgeon to Ward's Island Hospital and the House of the Good Samaritan Diakenessen.*

**Papillomatous Urethritis.**—Dr. Briggs reports a very interesting case of chronic urethritis where the discharge was purulent and profuse, but was not accompanied by acute inflammatory symptoms at any time. Injections of permanganate of potash always stopped this discharge in a few days, but if left untreated went on indefinitely.

There was never any thin, gleet discharge, and he had no trouble while he remained continent. His first attack of gonorrhœa occurred seven years before, and the condition in question about three years, and he looked upon each attack as a fresh infection. Upon the withdrawal of a No. 30 olive-pointed bougie obstruction could be detected in the anterior urethra, and the sensation to the hand was that of stricture, but as the bulb passed from one obstruction to another there was a certain degree of uncertainty. However dilatation was decided upon, and continued until a No. 40 sound could be passed with ease, but as he had remained continent during this time the credit could not be given to the dilating. Ten days after the dilating he had intercourse, which brought back the discharge in full force. Several months elapsed before the patient was again seen, and he reported that he had been in his usual condition, but said the discharge was sometimes streaked with blood. Upon the withdrawal of a No. 30 olive-pointed bougie bleeding followed, and upon the upper rounded surface of the bulb of the instrument a small gelatinous mass was noticed, which the microscope pronounced of the branching variety. The endoscope was then brought into requisition, which showed the mucous membrane of the urethra for nearly five inches to be studded over with similar growths of various sizes. They

were grayish-white in color, very vascular, bleeding on the slightest pressure. Owing to the very limited literature upon the subject, the method for their removal was not easy to decide upon. Oberländer, of Dresden, having written most concisely upon the subject, his method was selected. It consists in the use of cotton tampons, which are twisted firmly on the ends of tampon holders. Having introduced an endoscope to the seat of the growths, he passes down two tampons one after the other, partially withdraws the endoscope, and presses the two tampon holders well against each other. The penis is stretched out, and the tampons by a slightly twisting motion ought to catch and pull off the growths. The tampons are withdrawn one after the other, and some papillomata will be found adhering to the cotton, this is repeated until as many growths as possible are removed. One week later he examines again, and during this time many of the growths which were loosened by the tampons but were not removed, will have been carried out by the stream of urine. If any are left he repeats his operation, which is done a third time if necessary. And if the symptoms persist after all the growths are out, they are to be treated on the principles of treatment for chronic urethritis, by sounds or topical applications.

In this instance "tampon ecrasement" (as it is called by Oberländer) was a total failure, and it may be supposed that want of dexterity in its application was an important factor in the case, however, curetting was decided upon. The tendency to bleed upon passing sounds had been so marked, even with most gentle manipulations, that scraping the urethra over so large an extent of surface as was necessary, was a doubtful expedient, and it was determined to introduce a small sharp curette through the endoscope and scrape off an isolated growth. It came away easily, with only trifling bleeding, and the whole surface was thoroughly curetted, but the curette did not remove the growths from the canal. Here the tampons of Oberländer worked well in removing them. The curetting was done under the influence of cocaine four per cent. solution, which prevented pain. Irrigation with corrosive solution 1-5000 followed the operation. A sharp urethritis started up the following day, but the discharge was quickly controlled by the permanganate of potash injections. After seven months the patient remained perfectly well, coitus being no longer followed by urethritis. This case is particularly interesting inasmuch as it shows that an accurate diagnosis can not be made on the symptoms alone. The use of the endoscope is indispensable for the thorough inspection of the urethra, and without this thorough inspection many cases of papillomatous urethritis may be overlooked. The literature upon this subject is very meagre, Oberländer's being the only article giving an accurate description of the whole subject.

**A New Operation for Prolapse of the Rectum.**—Anything new for the relief of this most troublesome condition is of more than ordinary interest, and will be hailed by the surgeon with delight.

Dr. Jeannel conceived and executed the following operation: He opened the abdomen in the line usually employed for inguinal colotomy. Searched for, and found, the sigmoid flexure, drew it out at the wound, and supported it with a piece of catheter covered with iodoform gauze, passed through the mesentery, after the method of Maydl. This maneuver reduced the prolapse completely, and in five days there was a stool from the anus, without any reappearance of the prolapse, on the sixth day Jeannel opened the bowel, and completed the formation of an artificial anus. After this the stools were passed from both anuses, and the patient regained her strength and good spirits. Seven months later the natural anus had almost completely recovered its normal position and shape. Dr. Jeannel was led to the discovery of this method by an old

and intractable case of prolapse in a woman of fifty-seven years, and in whom the usual surgical proceedings were without value.

**Puerperal Mastitis.**—The treatment of Puerperal Mastitis by compression after the method of Harris, by a roller bandage evenly applied, with rest in bed, and from nursing, has been very satisfactorily demonstrated, and is approved by Billroth and others. The old methods have not nearly as much in their favor from a rational point of view, inasmuch as the surgical principle of giving an inflamed organ rest from function, is not carried out.

**Treatment of Puerperal Convulsions.**—In a paper on this subject, read before the Gynecological Society of Chicago (*Am. Jour. of Obs.*, Aug., 1889), Dr. E. J. Döring sums up as follows:

1. For convulsions before delivery: The hot bath, morphia and pilocarpine hypodermically, chloral and bromide of potassium by mouth or rectum, veratrum viride to reduce heart's action and lower arterial tension, possibly bleeding, induction of labor.

2. For convulsions during labor: The hot bath, morphia, chloral, anesthetics; a rapid delivery with all precautions.

3. For convulsions after labor: Control eclampsia by anesthetics and rapid elimination by all the emunctories.

**Cardiac Complications of Gonorrhœa.**—Dr. Gluzinski (*Wein. Med. Woch.*) has found thirty-one cases of cardiac disease to result from gonorrhœal rheumatism. He concludes: (1) Pericarditis as well as endocarditis may supervene in the course of gonorrhœa. (2) These complications may develop after gonorrhœal rheumatism, but also without the presence of such an affection. (3) The disease often assumes the character of a severe infectious disease (as in endocarditis ulcerosa), runs an acute course, and sometimes gives rise to failure of the heart. As to the casual connection of the affections of the heart with the urethral lesions, Dr. Gluzinski argues that probably a pyogenic organism entering the circulatory system produces in the cardiac serous membrane analogous changes to those in the joints. In the majority of Gluzinski's cases rheumatism was either quite missed or came on after the cardiac affection had set in. Gluzinski concludes that just as acute affections of the heart occur in gonorrhœa, mild diseases of the serous membranes of the heart may also supervene in the course of chronic gonorrhœa.

**Use of the Curette in Anterior Trachoma.**—Dr. Emil Gruening (*Amer. Ophthalmological Society*) described an operation which he had employed in eleven eyes during the past two years. A six per cent. solution of cocaine was first instilled. The surface of the cornea and the vessels present were then scraped away with a gouge-shaped instrument, and the vessels followed well on to the conjunctiva. The eye is then washed with boric-acid solution and warm compresses applied for four or five days. In three cases new vessels formed and the operation was repeated. The ultimate result in all the cases was highly satisfactory. In old and protracted pannus this operation may be recommended for its directness, simplicity and efficacy.

**Normal Posture for a Parturient Woman.**—A paper by Dr. A. F. A. King (*Am. Jour. of Obs.*) concludes with the following summary:

1st. There is no one posture that can be normal for the parturient woman.

2d. The continued maintenance of one posture wastes and exhausts the forces of labor, interferes with the normal mechanism, and adds to the duration and intensity of the woman's suffering.

3d. Exactly opposite results are produced by proper changes of posture.

4th. The indications for change are, instinctive desire for it, arrest of the mechanism of labor, emotional discontent, peevishness and despair.

5th. The normal mechanism of labor being at present imperfectly understood, and the influence of different postures upon this mechanism, during the several stages, of the several "positions," of the several "presentations" being unknown, the selection of given postures for given conditions can not be defined without further study.

**Instantaneous Cure of Whooping-Cough.**—In the *Archives of Pharmacy*, 1889, page 382, it is stated that the instantaneous cure of whooping-cough was attained by Dr. M. Mohn, as a result of accidentally observing that the disinfection of the sick-room of the whooping-cough patient by sulphurous acid caused the disappearance of the paroxysms with a rapidity bordering on the marvelous. The patients are freshly clad in the morning, and placed in another room, in which they remain during the day. Meanwhile, 25 gm. of sulphur is burned in the sick-room to each cm. of space; and after the bed-clothing, garments, etc., have been properly spread out, and the sulphurous acid been permitted to permeate the air for five hours, the patients return to their disinfected sleeping rooms in the evening, and are cured of whooping-cough.

Physicians may not generally be aware of the fact that sulphur bricks are obtainable which may be burned to secure the effects of sulphurous acid by inhalation, or for general disinfectant purposes. Parke, Davis & Co., supply these, as well as a general line of disinfectants for household use, and will afford physicians all desired information concerning them on request.

**Chloralamide: A New Hypnotic.**—A new hypnotic is announced, under the name *chloralamide*, which is in form of colorless crystals, soluble in 9 parts of water and in  $1\frac{1}{2}$  parts of 96 per cent. alcohol. It has a mild, faintly bitter taste, without caustic effect.

Chloralamide is not altered by weak acids. By caustic alkalies, however, it is rapidly decomposed. Alkali carbonates and bicarbonates produce this effect but very slowly.

For this reason, chloralamide can not be administered in alkaline solution. It is best given in powder, or in aqueous or alcoholic solution, which may be slightly acidulated.

Solution of nitrate of silver does not affect either the aqueous or the alcoholic solution of the substance.

The dose is up to 60 grains for adults. It produces sleep within half an hour, the latter lasting 7 to 9 hours. It has no material effect upon the circulation.

This new remedy has been introduced by Prof. Mering, of Strassburg. According to experiments thus far made, it is indicated in cases of insomnia from simple nervous irritability, in neurasthenia, phthisis, cardiac defects, etc., and generally in insomnia unaccompanied by much pain. The "Chemische Fabrik auf Aktien (vorm. E. Schering)" of Berlin, are engaged in its manufacture. The price will be about treble that of chloral.

Regarding the chemistry of the new remedy, we have to await further information.—*American Drug.*

**Test for Blood.**—A very delicate test for blood is obtained by adding one or two drops of guiac to a half ounce of water, to which has been added a single drop of blood. A cloudy precipitate of the resin appears and the solution has a faint tint. If to this be added one drop of an ethereal solution of peroxide of hydrogen a blue tint appears which upon a few moments exposure gradually deepens



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## PROF. WOOD'S ADDRESS IN MEDICINE.

WE HAVE carefully read the able and scholarly address in medicine of Prof. H. C. Wood, M. D., LL. D., at Yale University, and while most of it is to be commended, there are some points that are not quite fairly stated. He says:

"The regular profession of medicine is not a sect, it does not confess allegiance to any one dominant principle; it refuses to believe in any single definite therapeutic dogma; it strives simply in every possible way by the aid of science and experience to help the sick. The sects of medicine, however, are guided or claim to be guided by certain fixed principles which they worship as therapeutic laws. They are of necessity dogmatic and exclusive; they deserve and are proud to be known by titles which savor in themselves of exclusivism. Narrow and dogmatic in adherence to alleged principles, they must perish or become absolutely dominant according as these principles shall prove to be false or true.

"The code of ethics, published by the American Medical Association, is to the regular physician what the creed is to the churchman;—the only binding clause which it contains restricting the freedom of belief or practice says,—'But no one can be considered a regular practitioner, or a fit associate in consultation, whose practice is based upon exclusive dogma, the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.'"

We do not know of a single physician in the so-called homœopathic school, who does not agree with the above article of the Code of Ethics, and there are but very few who "believe in any

single therapeutic dogma," consequently the great majority of those who style themselves "homœopathic physicians" are so only in name, for they "strive simply in every possible way by the aid of science and experience to help the sick," hence are regular physicians according to Dr. Wood's definition of the term. Sectarianism in medicine leads to sentimentalism and to intolerance of the views of others, and as we have often said, should not be perpetuated!

Dr. Wood's statement respecting Hahnemann's vagaries are scarcely worthy of notice, excepting to say that they are not accepted to-day to any extent. In regard to the subdivision of insoluble substances by trituration, however, we would respectfully call Dr. Wood's attention to an article upon this subject, presented to the New York Academy of Medicine, by Prof. H. G. Piffard, M. D., of the University of New York, in which he illustrated by means of the microscope, the reason why certain drugs, supposed to be inert, became potent by means of trituration, but there is no spiritualism about it, and the *modus operandi* is not as Hahnemann supposed, but clearly in accordance with well-known laws.

We find at page 51 of the *Int. Medical Annual* for 1889 (E. B. Treat, Publisher, N. Y.), the following important statement in this regard under the subject *Lycopodium Clav.*: "We find that the preparation employed by Messrs. Christy & Co., 'according to the homœopathic process,' that is, the crude lycopodium is rendered soluble in spirit by prolonged trituration with sugar of milk. The inert drug thus becomes an active remedy because of its solubility. The same method of preparation has long been employed with silica, sulphur, lime and other insoluble substances by the same school, and as more of the drug is thus passed into the blood than would be possible if the crude substance was employed, the infinitesimal nature of the dose is thus more apparent than real—or perhaps we should say that what would be regarded as a full dose is smaller than the one supposed to be infinitesimal. The physics of solutions and their absorption is a study which has too long been neglected."

The reason why quick-silver, for instance, becomes more active by means of trituration is well known to the profession, and the same result is true of other drugs. The fact that Hahnemann used the oyster shell for his carbonate of lime, will account for his means of preparation, the limit of which but few agree.

The processes of trituration and dilution have greatly improved the palatability, elegance and

dosage of our pharmaceutical preparations as is evidenced upon every hand, and Hahnemann is entitled to some credit for it. Prof. Wood then goes on to say that

"It is the third doctrine of Hahnemann which has been and still is the rallying point of his followers, and which is claimed to be the fundamental truth of his teachings;—it is the so-called law of *similia similibus curantur*; in accordance with which a symptom produced by a disease is to be cured by a small dose of a remedy, which, when given freely to a healthy man, will cause the same symptom. Strange is it not that this alleged law which has made immortal the name of Hahnemann was not originally framed by him, but is plainly stated in the works of that really great man,—Hippocrates? For 2300 years this generalization has survived; it must possess some peculiar vitality, some measure of truth and I myself believe that as a rule of practice it will at times lead to a good result. As illustrating the subject let me suppose a case of vomiting. Ipecacuanha when given in large doses will cause vomiting, but under certain circumstances when administered in minute quantity it will relieve vomiting. Witnessing such administration and such triumph, the bystander cries,—'Great is *similia similibus curantur*, and Hahnemann is its prophet.' But a second case of vomiting appears which is increased by ipecacuanha and is relieved by opium, which does not vomit when given to the normal man in large doses, but makes him insusceptible to the action of emetics. Now the upholder of the doctrine of *dissimilia dissimilibus curantur*, cries,—'Behold I have the truth,—the remedy which produces the opposite to the symptom is the remedy to relieve the symptom.

"It is plain that neither in homœopathy or allopathy, in the doctrine of similars or in the doctrine of dissimilars, is there the whole truth. A law of nature has no exception, and if exceptions be found to an alleged law, it is plain that the law is only an allegation and not a reality. If we were to find that at times weight disappears, that objects, not under the influence of some opposing force or resistance, fail to fall to the earth,—then we would know that the Newtonian generalization of the attraction of gravity was not a law of nature. Neither allopathic or homœopathic doctrines are laws,—they are mere expressions of coincidences, each of them base coin gilded with just sufficient of truth to pass current with the ignorant and unwary. Symptoms are the mere surface play of disease, marking only with great uncertainty the currents, whirlpools and rocks that lie hidden far underneath. Symptoms apparently the same may be the outcome of entirely different bodily conditions.

"Modern science as applied to the treatment of disease attempts not simply to deal with symptoms, but to interpret them so as to get beneath to the conditions which are their underlying causes. Take the cases of vomiting just spoken of: one man vomits because the stomach is in a condition of depression, and a stimulant like ipeca-

cuanha relieves the vomiting by removing the cause, *i. e.*, the depression; another patient vomits from irritation of the stomach, and he is made worse by an irritant like ipecacuanha, but is relieved by a substance like opium, which is soothing and numbing."

It does not seem to us, in the light of Hahnemann's writings, that he can be justly charged with arrogating to himself the discovery of the rule "*similia similibus curantur*," for we find at page 91 of the introduction to his "Organon of Homœopathic Medicine," where he quotes numerous authors, the following words:

"In citing the following passages of writers who have had some presentiment of homœopathy, I do not mean to prove the excellence of the method (which establishes itself without further proof), but I wish to free myself from a reproach of having passed them over in silence to arrogate to myself the merits of the discovery."

Prof. Wood's belief in the theory of "*similia*" is not exceeded by many a so-called "homœopathic physician," and all progressive physicians will agree with his method of individualization as illustrated by the cases of nausea and vomiting.

Professor Wood's views are also shared by many in his own school.

The venerable Professor H. I. Bowditch writes us that "surely a long while before I ever heard of homœopathy, I had learned that if I would cure some diarrhœas I would use small, minute doses of some cathartic drugs, so for vomiting I used small doses of ipecac.

"To found a distinct sect upon such a fact seems preposterous to my ideas of common sense."

Professor Barthlow says that medicine is too broad for sectarianism, and that in reality there is no such thing as homœopathy or allopathy, and his recommendation of small doses of drugs in accordance with the rule of *similia*, after the plan of Ringer and Phillips, indicates the progress that is being made in therapeutic methods by our leading progressive men, regardless of school.

The great aim of the therapist of the present day is to individualize his cases and his remedies, and the extent to which he is able to do it will govern his results in practice.

We are surprised and delighted to observe how near Professor Wood's views accord with the great majority of those who call themselves "homœopathic physicians," and one has only to scan the literature of the different schools, as the writer has done, to observe how closely they approach each other in their methods, and if it were not for the name it would be difficult to distinguish one from the other.

Professor Wood then goes on to show why

homœopathy has met with such favor, and his reasons are justly stated. He says:

"I have already stated, however, that sometimes the so-called law of similars is a successful theory for work. But far more potent than this is the fact that in most acute diseases the natural tendency is toward recovery, so that the most intelligent physician often finds himself at fault in attempting to decide upon impartial review of a case how much has been *post hoc* and how much has been *proctor hoc*; how far the recovery has been brought about through the action of the remedies which have been given, or whether perchance it may not have occurred in spite of these remedies. \* \* \*

"The causes of the first success of homœopathy are not far to seek. The regular medical practice of the day by its violence not rarely aided in causing the fatal result. The homœopathic practitioner, administering medicines only in infinitesimal doses, left nature to itself, and claimed as his own triumph the superior result which was, in verity, simply the outcome of letting things alone. \* \* \*

"In the year 1792 the pulse of Europe stood still at the news that the Emperor, Leopold II. of Austria, the peacemaker of the century, was dead. The account of his illness published shortly afterward showed that he had suffered from a purulent pleurisy—a disease always attended with feebleness and exhaustion—and yet in the course of thirty-six hours he had been freely bled four times and had expired shortly after the last venesection. Hahnemann challenged the physicians to justify themselves—and the verdict of to-day must be that he was right, and that Leopold's death was hastened, if not absolutely produced, by the excessive loss of blood. \* \* \*

"If I could give you the history of bleeding, cupping, blistering, purgation, and other depleting remedies, you would wonder, not that the patients treated by the infinitesimalism of homœopathy got well, but that enough of our forefathers survived the physicians of their day to give origin to the nation of the present. \* \* \*

"In an experience of many thousands cases of disease only three or four times have I seen blood-letting."

"In 1878, at the meeting of the New York County Homœopathic Medical Society, the following resolution was adopted:

"Resolved—That in common with other existing associations which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that, although firmly believing the principle *similia similibus curantur* to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not deter us from recognizing and making use of the results of any experience; and we shall exercise and defend the inviolable right of every educated physician to make use of any established principle in medical science, or any therapeutical fact founded on experiments and verified by experience, so far as in his individual judgment they shall tend to

promote the welfare of those under his professional care.

"It will be seen at once that the sentiments of the resolution which I have quoted are in concord with the American Medical Association, and any physician who will accept as his code of ethics this resolution, can very well be a member of the American Medical Association and of the regular profession."

The history of the introduction of this resolution and the events following it are still fresh in the minds of those who had to do with it.

We question whether there are a dozen men in the whole homœopathic school who would honestly disapprove the resolution to-day, and probably none who would openly object to the "results of experience."

If, as Dr. Wood asserts, "any physician who will accept as his code of ethics this resolution, can be a member of the regular profession," is it not the duty of the regular profession to make some efforts to include these physicians in their membership? Why not invite any physician in good standing who "will accept as his code of ethics this resolution" to fellowship and make them feel welcome?

This would make serious inroad upon the sectarian ranks.

Professor Wood closes his address with the following acknowledgment:

"It seems to me but right to acknowledge that the revolution in medicine rests largely upon the results obtained by homœopathic practice. Modern medicine became possible not through any truth contained in the theories of the German dreamer; but because of the accidents that attended the working out of these theories. Hahnemann deserves to rank among the world's benefactors, not because his imagination made beautiful garments of truth, but because the web of falsehood which he wove proved to be the bridge over which the world's thought traveled to find a great new truth, which proved to be the very corner stone of the new medical science."

"Hahnemann limited his followers to the use of doses so infinitesimal that the patient was practically left to nature, and when it was seen that both in epidemic and sporadic diseases the results obtained by doing nothing were better than those obtained by doing much, then it was realized that most acute diseases are self-limited and tend to recovery; then were the consciences of men so quieted that they could with easy minds leave their patients alone. Then arose the so-called Vienna School of Therapeutics—the school of nihilism or 'nothing-doing,' which led to the study of the natural history of disease when left undisturbed by drugs or other perturbing forces. The modern method consists in studying a disease, its causes, its progress, its results, the methods in which it works out either for life or for death; how it gets well—how it kills. In this way the doctor of to-day gets a clear idea of what he wants



to do, learns whence the calamity is coming and what is to be averted. He next proceeds by experiments upon the lower animals, and upon men, to study the instruments which he has at his command; learns thoroughly what this drug does in the system, how it affects various functions, and how itself is acted upon.

"Having thus studied the disease and learned what he wants to do, and having studied the means which he has at command, he applies his means to the needs by inductive reasoning, by common sense, by the same mental process by which applied science builds bridges, crosses oceans, and alters the face of nature everywhere.

\* \* \* \* \*

"Whatsoever of good there has been in eclecticism, in Hahnemannism, or in bare-faced quackery,—whatsoever of knowledge could be obtained from popular beliefs,—all these have we appropriated. The assertion that the regular profession is hampered by prejudice and bigotry from properly weighing and testing all methods, is an untruth disproven by the whole history of modern medicine. Not a man among us but feels the personal conflict with disease, and snatches at any weapon wherewith to strike the foe. \* \* \*

"So sure as knowledge must triumph over ignorance, and science over false beliefs,—so surely will medicine continue onward,—squeezing out of every 'ism' whatever of good is in it, assimilating all that is helpful and climbing over failure and success alike to higher and better things. Under such circumstances, for the law to recognize medical theories or medical sects would be monstrous; they are things of to-day, to-morrow to be left far behind. Law is for all time." \* \* \*

There is no way in which a schism can be gotten rid of so easily as by absorption, and the action of the Medical Society of the County of New York, in changing its by-laws so that candidates for membership are embarrassed under certain circumstances, will never admit of this being done. Let the doors to our societies be opened wide, wipe away any bigotry, intolerance and prejudice that may exist, demand that a man may style himself a physician simply, and we shall have done our duty!

#### THE CAUSE OF "COSTAL RESPIRATION."

DR. J. H. KELLOGG, of Battle Creek, Michigan, has succeeded in throwing new light upon the respiratory movements, in a series of experimental researches, whose results were communicated to the last year's meeting of the Michigan State Medical Society (*Med. Bulletin*). It has long been taught that the type of respiration in woman is thoracic, while in men it is abdominal. The author, however, adduces very good reasons for believing that, so far from being a physiological difference between the sexes, it is really brought about by the malign influence of the

corset. He has made a great number of examinations, obtaining, by means of the pneumograph and kymographion, representations of the mode of breathing. His first observations were upon twenty Chinese women in San Francisco. These varied in age from sixteen to thirty years. Each wore a loose frock or chemise and a very short bodice reaching to just below the breasts, with the object only of supporting the breast and not compressing the waist in the slightest degree. Besides these garments each woman wore a pair of loose trousers and a very roomy jacket, which an American woman would consider large enough for three or four persons. None had ever worn a corset. The general mode of life of the average Chinese woman in San Francisco is by no means healthful, but a careful examination of these women showed that not one presented the costal type of respiration. In every one, abdominal breathing was as prominent as in males who lead sedentary lives. But little difference is to be found between the pneumographic tracings of these women and those of men of active habits, as pedestrians and runners, in whom abdominal-breathing is most characteristic. The graphic tracing of an unmarried American woman aged twenty-two years, is just the reverse, costal breathing being represented by a series of curves, while an almost straight line indicates the comparative quiescence of diaphragm and abdominal muscles.

The next investigations were made upon among the Yuma Indians, of Arizona. These people live in mud huts. The women wear simply a short bark apron in front, and a bunch of bark strings, somewhat resembling a bustle, behind, both suspended by a bark cord encircling the body just above the waist. With this sort of dress the movements of the Yuma woman can not be in the slightest degree restricted. She has as perfect liberty of motion in her arms, legs and trunk as her savage lord, whose apparel is a little more scanty. They lead a hardy, active, out-of-door life, and subsist upon a scanty vegetable diet. Both sexes, however, are of a vigorous physique. The waist measure of the Yuma woman was only from one and a half to two inches less than that of the chest. Among those whose respiration was examined were a grandmother, a daughter, and a grand-daughter, aged respectively about sixty, thirty-seven, and sixteen years. The tracings of the three were identical, all having strong abdominal curves, showing the male type of respiration. Subsequent examinations of Chickasaw and Chippeway women yielded precisely the same results. Again, abdominal respiration was

found in a Scotch woman, forty-five years of age, unmarried, who had never worn a corset. A modified tracing, with well-marked abdominal curve, and a moderate thoracic curve was obtained in a woman, aged thirty years, who had worn tight corsets until her twenty-fourth year, but who, on account of pelvic disorders, had, from that time, discarded them with the most beneficial results. When a man was tightly laced in a corset the breathing became of almost as pure a costal type as in a corset-wearing female. Among the lower animals, as dogs and cows, respiration is of the same type in both sexes. Even in a pregnant woman, one week before confinement, a primipara, who had previously worn tight corsets for ten or twelve years, but who had laid them aside for several months, the abdominal respiratory curve was well marked, while the thoracic curve was very slight. As the same abdominal tracing was found in a man suffering from leucocythæmia, with an enormously large spleen, the author concludes that costal respiration is due to an unphysiological mode of dress, and not to the influence of gestation.

These interesting demonstrations, with others having reference to the pelvic organs, exemplify the extent to which women compromise health by the practice of tight lacing.

#### PATENT MEDICINES AND THE UNITED STATES PHARMACOPŒIA.

THE United States Pharmacopœia is supposed to be a list of the drugs and preparations employed by the physicians of the United States to heal the sick. In fact it is nothing of the sort. What it really is is a list of drugs and preparations which the Committee for Revision think the physicians ought to use for therapeutic purposes. A committee chosen by a Congress of Physicians and Pharmacists meet every ten years to settle the thing, and when the committee has the thing settled it is very much offended if the medical world does not accept its doctrine.

Now there are a great many things in the Pharmacopœia that had better be left out when the committee meet again. And there are a great many things that ought to be put into this official work. For example, the Pharmacopœia ought to recognize the elegant pharmacy of the so-called homœopaths, for no one acquainted with facts can doubt that homœopathic (?) pharmacy has come to stay.\*

\* The reader is referred to an article by John Aulde, M. D., Demonstrator of Clinical Medicine and of Physical Diagnosis in the Medico-Chirurgical College, Philadelphia, entitled "Clinical Observations on Rhus Tox," in the *Therapeutic Gazette*, October 15, 1889, for evidence of our statement.

Then, too, a number of the newer chemicals recently introduced to the profession ought to be recognized by the United States Pharmacopœia. Antipyrine is one of these. There are strong objections against its introduction, however. It is patented, and its name is claimed as private property under the trade-mark law; and the patent and trade-mark are owned by a foreign manufacturing house, thus cutting off American pharmacists from making it.

SEVERAL years ago the vineyards of France, which contributed so much to the revenues of the nation and supplied such an immense industry to the people, were on the point of becoming extinct through a disease of the vines, when the investigations of Pasteur discovered the cause and applied the remedy, thereby rescuing one of the most important industries of France and one of its principal sources of revenue from extinction. The same line of investigation has proved successful in our own country in checking the destruction of our citrous fruits, and in discovering the cause and the remedy for the blight which so often attacks our gardens, our orchards and our shade trees. The microscopist and the chemist have been equally successful in locating many of the causes of disease in the animal world, but not always as accurate in the application of the remedy.

An interesting illustration of the accuracy and benefit of this form of scientific study is seen in a recent article by Dr. Frank S. Billings, in the *Buffalo Medical and Surgical Journal*, on the corn-stalk disease in cattle, a disease which for many years has proved exceedingly annoying to the farmer and eluded his most careful scrutiny as to the cause. The disease is apt to appear as an epidemic, running its course in from twenty-four hours to ten days, and often ending in death. In our boyhood we distinctly remember an epidemic of this kind which attacked the cattle on almost every farm for miles. The cattle were turned into the corn-fields in the autumn to feed on the leaves and stalks. In a few days one after another of the cattle became very ill with a febrile trouble. Some of them seemed delirious, others perfectly stupid. In all the respiration was rapid and the symptoms were those of acute blood-poisoning. In every corn raising section we have more or less of this disease, the fatality being often very great.

Subjecting the leaves, which show signs of disease, to a microscopic examination, Dr. Billings finds an organism which resembles that of the southern cattle and swine plague, and supposes the poison gets into the circulation by the break-

ing of the capsule as the germ becomes mature, acting as a ptomaine in producing acute septic febrile disease, which often ends in death. These organisms have been cultured after the manner of Koch and Pasteur and the injections produced symptoms of corn-stalk disease. Thus far no specific remedy has been suggested to prevent the blight in the corn or to antidote its effect upon the animal, other than the ordinary remedies in use to control febrile conditions.

**D**R. H. MARION SIMS reports, in the *Obstetric Journal*, several cases of non-retention of urine in young girls and women relieved by dilatation of the bladder. In every case the bladder was so small as only to hold one or two ounces. Under the process of dilatation, repeated day after day with a silver catheter and a Davidson's syringe, in from three to four months the bladder was so dilated as to hold twenty ounces and the cure complete.

**T**HE late Baron Ricord, whose reputation in his speciality of syphilitic troubles has long been world-wide, was born and spent the early part of his life near Batimori. In his profession he was entirely wanting in the first principles of a financier, and notwithstanding his income was very large, probably exceeding that of any other physician, so great was his benevolence and so reckless his distribution of funds, that he was constantly falling in debt. He was several times sold out, but his popularity with the emperor was so great that each time he paid his debts.

**T**HE old proverb "to spare the rod and spoil the child" seems to be the basis, from the following advertisement in the *London Echo*, for the formation of a society for that physical discipline to the young so often needed and yet neglected:

"To Parents.—Unruly girls and boys of any age visited and punished at their homes by a thorough disciplinarian accustomed to administer corporal punishment; all bad habits cured by one or two attendance; fee, five shillings for two visits. Write Birch, May's Advertising Office, 162 Piccadilly." There is no doubt there would be much less cussedness, now rampant in society, if proper discipline had been administered in early life. As we are obliged to take facts as we find them, we respectfully suggest to some of our medical societies, state, county or national, to form a committee, which might for want of a better name be called the spanking committee, to administer corporal punishment to those whom the society

deem worthy of such discipline. The members of the committee would, of course, be selected from those younger members of the society who had shown by their fiery zeal, their strict adherence in all their professional actions and utterances to those great principles of honor, truth and professional courtesy, that they are actuated not by selfish motives but solely and entirely from an unconquerable and burning desire to avenge the right and promote the public good. Discipline at the hands of such a committee however painful it might be to the committee itself must be productive of great good, especially if accompanied with an exhortation in the clear, forcible and elegant language in which they frequently voice their ideas.

**T**HE agnostic and the infidel have been loud in their condemnation, and to a certain extent justly, of Christian persecution. In the light of their repeated eulogies of the liberty of thought, their treatment of M. Pasteur provokes a smile of amusement. It will be remembered that Pasteur, before he turned his attention to inoculation for hydrophobia, discovered a remedy for the disease which was destroying the grape-vines of France and, therefore, ruining the wine interests. The citizens of Arbois wishing to do honor to the distinguished scientist who had done so much for France named one of their streets, Rue Pasteur, but when a few weeks ago he recommended publicly the praise of Almighty God the municipal council of Arbois changed the name of the street to Rue de la Gare, evidently thinking that a man who confessed openly that he worshiped God was unfit to have a street named after him.

**S**ACCHARINE is said to be eliminated through the kidneys unchanged in its composition, having resisted the action of the digestive fluids. Dr. Andrew H. Smith gives, in the *Medical Record*, a very interesting experience with the drug in ammoniacal and alkaline urine. Struck with the strongly acid properties of saccharine, he gave a few grains of it to a boy suffering with myelitis, whose water was strongly ammoniacal and offensive, with the effect of promptly changing the reaction of the water to acid, doing away with the offensive odor, the irritation of the bladder and the formation of pus. In a child suffering with sub-acute meningitis in which the alkaline water dribbled constantly and was of a peculiarly sickening odor, small doses of saccharine produced prompt relief. A case of acute cystitis in which the urine was alkaline and filled with ropy mucus and pus, and where attempts to wash out the



bladder produced severe tenesmus, was entirely relieved in a few days by the administration of five grains of saccharine three times a day. Dr. Smith concludes that a part of the effect of saccharine in these cases is due to its being a powerful antiseptic in addition to its acid property.

**D**R. CYRUS EDSON, the efficient chief-inspector of the Health Department of the city of New York, gives, in a paper read before the American Public Health Association, some interesting statistics of the use of sulphur-dioxide as a means of disinfecting those premises which have been exposed to the germs of contagious diseases. Dr. Edson says, the proper and most practical method of disinfecting dwellings after the occurrence in them of exanthemata and of diphtheria, is by means of sulphur-dioxide, and that all clothing, bedding, etc., used in direct contact with a patient should be removed to a disinfecting station properly equipped, and then subjected to heat of sufficient intensity to destroy all contagious matter. The sulphur is placed in a shallow iron basin, which is supported in a suitable tub containing water. Ignition is affected by means of about four ounces of alcohol poured over it. The alcohol used to ignite the sulphur adds materially to the moisture in the room and facilitates disinfection. Recently a sulphur candle or cartridge has been made which can be lighted in the same way.

**C**HLORALAMID, the new hypnotic which is formed by a union of seventy-six per cent. of chloral hydrate with twenty-four per cent. of formid, does not seem to give very brilliant results, its action being that of diluted chloral merely. It is much less irritating to the mucus membrane than chloral, and for that reason it may become a popular remedy, taking the place with the habitual takers of chloral of that drug.

**I**N THE Woman's Hospital, recently established in London under the patronage of the Princess of Wales, all the surgeons, physicians and apothecaries in the hospital are women. This is a departure from the usual custom strongly to be commended, and we should be glad to see the plan tried in some of the hospitals in this country.

**T**HE *Medical Age* notices a new remedy which, from its pathological action, may prove serviceable in certain conditions of the heart as well as in troubles growing out of a weakened action of the motor tract of the spinal cord. Its action is somewhat similar to that of the broom, which

is largely used in weakened heart's action and the dropsy growing out of it. The *Medical Age* says: "The alkaloid discovered in the common gorse, 'whin,' or furze of Europe (*Ulex Europæa*) termed, ulexine, is of a most powerful character. It appears to arrest all voluntary movements, and reflexes, by paralyzing the motor tract of the spinal cord and the trunks of the motor nerves. The heart muscle is paralyzed though preliminary thereto there is an increase of arterial pressure. It also possesses a diuretic action similar to that of caffeine, but more marked."

## BIBLIOGRAPHICAL.

**THE PRINCIPLES AND PRACTICE OF SURGERY.** By John Ashhurst, Jr., M. D., Barton Professor of Surgery and Professor of Clinical Surgery in the University of Pennsylvania; Surgeon to the Pennsylvania Hospital; Senior Surgeon to the Children's Hospital; Consulting Surgeon to the Woman's Hospital, to St. Christopher's Hospital, to the Hospital of the Good Shepherd, etc. Fifth Edition. Enlarged and thoroughly revised, with six hundred and forty-two illustrations. Philadelphia: Lea Brothers & Co., 1889, pp. 1148, 8vo.

It is only necessary to call the attention of our readers to the fact that the fifth edition of this well-known work, has been thoroughly revised to accord with the progress of the times, and that the author has spared no pains to make it all that can be desired, and worthy of that continued favor with which it has been so long received. The author's experience as a clinical teacher and hospital surgeon warrants us in saying that no more practical work can be found for the student and for general use as a handbook.

**TRANSACTIONS OF THE FORTY-SECOND SESSION OF THE AMERICAN INSTITUTE OF HOMOEOPATHY.** Forty-Sixth Anniversary held at Minnetonka Beach, Minn., June 24-28, 1889. Edited by the General Secretary, Pemberton Dudley, M. D.

The volume before us shows that the forty-second session of the institute was one of its most important, so far as the merits of the papers presented are concerned, and these transactions ought to have a wider reading than they will get. The bureau of materia medica took for its subject "the iodides," and while there is an immense amount of chaff in the reports, there is much to commend and some original research to be perpetuated.

The society is to be congratulated upon its year's work.

**ANIMAL PHYSIOLOGY.** A Text-Book on Animal Physiology, with Introductory Chapters on General Biology and a Full Treatment of Reproduction. By Wesley Mills. With over five hundred illustrations. New York: D. Appleton & Co., 1889.

The distinguished professor of physiology in the McGill University and the Veterinary College of Montreal, in the construction of his work has adopted a plan different, and we think much more in accordance with the laws of development and harmony than his predecessors, by molding his lines of thought on the teachings of embryology and the welding principles of evolution as part of the essential structure of zoology. While each separate organ is treated independently, the absolute dependence of all parts, one upon another, is never for a moment disregarded. Careful attention has been given to the subject of embry-

ology as the facts brought out in this study are largely used to throw light upon the different functions of the body, and especially their relations and interdependence. Clinical and pathological facts have been introduced simply to show the student how physiology bears on his profession. Through a study of general biology the author passes on, step by step, to a discussion of the higher and more complex forms of animal life, and without taxing the mind of the student with unnecessary detail impresses on his mind the leading facts of physiology in such a clear and intelligent manner that they will be likely to be remembered.

**A MANUAL OF OBSTETRICS.** By A. F. A. King, A. M., M. D. With one hundred and forty-one illustrations. Fourth Edition. Philadelphia: Lea Brothers & Co., 1889.

The author presents, in a 12mo volume of 420 pages, the rudiments and essentials of obstetric science in such a clear and intelligible form that, to the student, it will prepare the way for the mastery of the larger and more elaborate text-books, and to the busy practitioner who wishes to refresh his mind with the more essential points, a compact and most convenient work of reference.

**CHEMISTRY, GENERAL, MEDICAL AND PHARMACEUTICAL.** Including the Chemistry of the United States Pharmacopoeia. A Manual of the General Principles of the Science and their Applications in Medicine and Pharmacy. By John Attfield, F. R. S. Twelfth Edition. Philadelphia: Lea Brothers & Co., 1889.

Attfield's Manual of Chemistry is so well known and appreciated by the profession, twelve editions having been called for in twenty-two years, that it is only necessary to speak of such alterations and additions as the author has made in this the twelfth edition. The work now includes the whole of the chemistry of the United States Pharmacopoeia and nearly all the chemistry of the British and Indian Pharmacopoeias. The chief new feature is the section on organic chemistry, an elaboration of that matter for the last British edition in 1885. It has grown out of the section which in previous editions was termed "The Chemistry of Certain Substances of Animal and Vegetable Origin."

#### WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.

The Nov. issue of this series contains a Monograph on the Surgery of the Knee Joint, by C. B. Keetley, F. R. C. S.; Aids to Ophthalmic Medicine and Surgery, by Jonathan Hutchinson, Jr.; and an authorized translation of a very valuable work on Bacteriological Technology, from the pen of the celebrated Danish scientist, Dr. C. L. Salomonson. The author does not attempt to give an exhaustive presentation of the entire technology of the subject, but to describe the simplest and most easily managed apparatus and methods, so that the physician can take up the subject in his own office and carry out for himself the fundamental experiments most important for pathology and hygiene.

**A CLINICAL ATLAS OF VENEREAL AND SKIN DISEASES,** Including Prognosis, Diagnosis and Treatment. By Robert W. Taylor, A. M., M. D. Illustrated with one hundred and ninety-two figures on forty-eight beautifully colored plates, also many large and carefully executed engravings through the text. Parts VII. and VIII. Diseases of the Skin. Philadelphia: Lea Brothers & Co., 1889.

The subjects included in Part VII. are scabies, dysidrosis or pompholix, impetigo contagiosa, eruption of iodic origin, bromide eruptions, syccosis, molluscum sebaceum, ichthyosis, leprosy. Part VIII. contains lichen planus,

lichen ruber, lupus vulgaris, molluscum fibrosum, scleroderma, acne rosacea, rhinoscleroma, elephantiasis, leucoderma, alopecia areata, keloid, xeroderma pigmentosum.

The eight numbers already given to the public complete the work. The publishers will bind the numbers if forwarded to them for seven and eight dollars. The illustrations are as accurate as the skill of the artist can make them, and the letter-press fully up to the present advanced state of science.

**UNFINISHED WORLDS,** by S. H. Parkes, F.R.A.S., F.L.S., with Illustrative Diagram. New York: James Pott & Co.

The learned author, in a series of popular essays, gives a brief summary of the results of recent scientific discovery regarding the present physical condition of those far-off worlds which the telescope and spectroscope have revealed to man, with thoughts on the various theories of force, primitive matter, and biological elements. His conclusions, ably presented, differ materially from Darwin and other investigators.

**THE HONORS OF THE EMPIRE STATE IN THE WAR OF THE REBELLION.** By Thomas S. Townsend. New York: A. Lovell & Co., 1889.

Mr. Townsend deserves the hearty and grateful thanks of every citizen of the Empire State, for the concise yet graphic record he has given of the immense work performed by its sons and daughters not only on the battlefield but in the hospitals in caring for the sick, in the halls of legislature, and in those great financial measures upon which the life of the nation depended. The volume ought and we presume will find a place in every family in the state and of her sons scattered as they are throughout the world, as a record for coming generations of a life and death struggle such as the world has never seen.

**ALDEN'S MANIFOLD CYCLOPEDIA.** John B. Alden, Publisher, New York. The XIX Volume of this popular Cyclopædia is exceedingly well edited. The articles are written with fairness and with quite sufficient detail for the family, for which the Cyclopædia is principally intended. We are glad to hear the sale is rapidly increasing.

**THE PHYSICIANS' VISITING LIST** for 1890, published by Lindsay & Blakiston, has been thoroughly revised, and presents, in compact form, in addition to the usual visiting list, a large amount of information for daily reference in a compact form.

**THE MEDICAL NEWS VISITING LIST** for 1890, published by Lea Bros., has been thoroughly revised; remedies which have not stood the test of experience have been culled from the list, and all the features which have made this list so popular in the past retained.

We cordially commend "The International Medical Annual and Practitioners' Index. A Work of Reference for Medical Practitioners." Edited by Dr. Percy Wilde and others; published by E. B. Treat & Co., New York, now in its seventh year, as the most concise and practical work of its kind extant. It only costs \$2.75, is full of meat and contains much of the therapeutics of small dosage, thus filling a long-felt want.

**Vaso-Motor Centre-itis** is the name Dr. A. D. Macdonald gives to puerperal eclampsia, where there is no renal trouble to account for the convulsions. Thanks for a name, but can't the doctor give us a remedy!

## CORRESPONDENCE.

## EUPHRASIA OFFICINALIS.

In the *Boston Medical and Surgical Journal* of Nov. 7, 1889, was published an article on *Euphrasia Officinalis*, in which the writer, Dr. G. M. Garland, calls attention to its power of aborting the head colds so common in our climate. His attention was drawn to the fact by Dr. Clark, of Milford, whose source of information is unknown to me. Dr. Garland writes: "After searching through a large number of modern text-books on therapeutics, I can record only three (Phillips, Potter, United States Dispensatory), which give even a meagre notice of the drug." He then gives a description of *euphrasia* as found in the United States Dispensatory, and which any one may read and be none the wiser. The older writers are also quoted, extracts being taken from *Dictionnaire des Drogues*, Paris, 1837. The "New Dispensatory," Dublin, 1778, "Pharmacopœia Officinalis" and "Extemporanea," London, 1733, with like negative results so far as any definite action or use of the drug is concerned. Then follows records of four cases of head cold in which *euphrasia*, given in ten drop doses of the mother tincture, was found curative, and in the acute coryza of babies a few drops of the mother tincture in a half glass of water, which the child can drink *ad libitum*, has been in Dr. Garland's experience very efficacious. He has found that the drug will not abort every head cold, and cases in which the nasal discharge is purulent or muco-purulent do not seem to be influenced by it.

All this is very true so far as it goes, and will undoubtedly prove valuable to a large number of the younger Old School practitioners whose success in getting business depends in a great measure on their ability to treat minor ailments successfully. But it seems to me a great pity that the author of the above article could not have been a little more thorough in his search for information and thus have added to its value. For instance, in 1811 Samuel Hahnemann found that small doses of the tincture of *euphrasia* were curative in profuse fluent coryza with smarting lachrymation and photophobia, or with sneezing and with a discharge of acrid mucus. Cough only in the daytime with mucus in the chest which can not be detached, and difficult breathing even in a room. Copious fluent coryza in the morning and violent cough with expectoration. Hull's *Jahr.*, 1851, gives practically the same indications. Modern writers also have something to say about *euphrasia*. Richard Hughes, in his *Pharmaco-Dynamics*, 1875 and 1876, writes: "The great charm of *euphrasia* as a medicine is that it has a distinct and limited sphere of action, beyond which it advances no pretensions, but within which it manifests virtues which are as unvarying as they are potent. It acts upon the upper portion of the respiratory mucous-membrane, *i. e.*, upon its conjunctival and nasal portions only just reaching the larynx. It develops in this region a catarrhal inflammation, generally characterized by profuse secretion. Hence it takes the first place among the remedies for *fluent coryza* when this is local and not a symptom of general influenza, in which latter case arsenic is preferable. The involvement of the conjunctiva in the catarrh is a special indication for *euphrasia* and sometimes the secretion from the eyes is acrid while that from the nares, bland, the opposite condition obtaining with arsenic."

Copperthwaite, "Materia Medica," 1879, says: "Euphrasia is indicated in frequent sneezing fluent coryza, ringing in the ears, lachrymation, chilliness and shivering over whole body."

Clarke, "Dictionary of the New Therapeutics," gives as indications for *euphrasia*: "Sneezing, running from the nose before cold is fully established and when the inflammatory condition is local, etc., etc."

I might give quotations almost without number. Those

I have given are extracted from books that I happen to have in my own library. I hope they are sufficient to prove that the literature on the action of *euphrasia* is not so meagre as one might think from reading Dr. Garland's article. It is my earnest desire to hasten the day when the sources of information, obtained with so much labor by the writers of the New School, will be recognized by our friends (?) who self-style themselves "regulars," though why distinctively regulars, I never could make out: and I trust that day is not far distant when we of the New and they of the Old School of medicine may meet on a common ground, utilizing all valuable information from whatever source for mutual advancement and for the benefit of suffering humanity.

G. B. RICE, M. D.

Wollaston, Mass., Nov. 7, 1889.

## THE ALKALOIDS IN HOMŒOPATHIC (?) PRACTICE.

The attention of your readers has already been called to the undenied because undeniable fact that (as stated by Dr. David H. Beckwith), the large majority of so-called homœopathic physicians in these latter days, while professing to be guided by the doctrines and authority of Hahnemann, in reality practice a more or less scientific eclecticism, "which the student is taught in offices, in societies and in colleges," and which, it may now be added, is inculcated even in the very journals of the sect.

The *Monthly Homœopathic Review*, for May, 1889, contains an article which is more strongly confirmatory of the above statement than anything I have yet met with in print. It is entitled "Clinical Notes on a Few of the Alkaloids, by T. D. Nicholson, M. D.," was originally read before an association of "physicians practicing homœopathy" (where it appears to have elicited no discussion) and is unaccompanied by any editorial notice or comment whatever. It begins as follows: (Italics mine, in all of the quotations.)

"I venture to draw your attention to some medicines which I think are rather neglected in practice, and to relate very shortly my experience of their use.

"It is many years since I read of Dr. Burggræve's method of giving small, frequently repeated doses of the alkaloids in acute disease, and though I have rarely gone so far as to imitate his frequent doses, I have appreciated the advantages of the method in the matters of accurate dose and convenience of administration, as well as of therapeutic power; but I have not been quite convinced of the entire safety of very frequently repeated doses of powerful drugs. I will relate a few of my experiences in cases where ordinary remedies either failed or where they are not usually successful."

The first remedy treated of is aconitine (dose one-half milligram). This was tried in two severe cases of bronchopneumonia in children. The medicines indicated—aconite, ipecac., and antimonium—were of no avail. Aconitine, however, given in hourly doses, produced next day a sensible amelioration, followed by rapid recovery.

The author mentions another case of acute bronchitis and asthma, "in a very delicate man of about sixty-five, where aconite did not control the inflammation. I ordered aconitine, but combined with it the arseniate of strychnine as recommended by Professor Burggræve. The effect here, though not so marked, seemed decidedly to shorten the illness, by his former experience, and relief was given to the distressing dyspnoea.

"In all these cases I think it fair to conclude that if the same treatment had been commenced sooner the illness would have been very much shortened. If this be so, does it not become a duty in all acute inflammations, where aconite in ordinary doses is ineffectual after twenty-four or forty-eight hours, to resort at once to the alkaloids? If it is safer at the same time to combat the adynamia with



strychnine after the manner of Burggraeve, and administer both medicines together every quarter or half hour until defervescence, it seems to me a very promising method that should be put thoroughly to the test. Reports of cases treated in this way show marvellous results. I have made some tentative trials, but I fear have not pushed the medicine far enough for constantly successful results. It is particularly in acute pneumonia in feeble subjects, in peritonitis and severe pleurisy, that we are sorely in need of more active drugs to avert a fatal result or shorten the long and painful illness."

Veratrine (dose one-half milligram) is spoken of as follows:

"The action of veratrine, the alkaloid of *v. viride*, is much akin to aconitine.

"Brunton says, 'In mammals small doses injected into the circulation, quicken the pulse and raise the blood pressure. Moderate and large doses slow the heart and lower the blood pressure. Small doses quicken the respiration, large ones slow it. The temperature is lowered. A curious effect may be noticed in the experiments on muscle. The contractile power is increased, but the elasticity is much diminished, and if the temperature be much raised, this effect disappears.' Thus, in febrile affections, the use of both aconitine and veratrine may possibly be rendered safer than under normal conditions of experiment.

"I have not yet ventured to try it in any acute disease, though I intend to do so. But I may mention a small experiment on my own person a week or so ago. I was unfortunate enough to get a chill, due, I think, to a cold plunge one morning, followed by rather a prolonged sitting at my dispensary in a draughty room. Every afternoon for several days I had slight rigors, with temperature 100 to 101. One or two nights I took aconite at bedtime, and I always had moderate perspiration before morning and complete defervescence. This, however, did not prevent the return of the same symptoms, so I thought it a good opportunity to test the power of veratrine and strychnine. At 9 p. m. my thermometer showed 100.4 in the mouth. I felt an uncomfortable malaise and disinclination to do anything in the way of work, and I looked forward to an hour or two of misery and the usual restless night. I then took a dose of each medicine. In twenty minutes my thermometer was only 100. I waited an hour, and tried the temperature again, and the thermometer showed no alteration. I took another dose, and in half an hour it went down to 99. A third dose brought it down to the normal, and before bedtime I felt well. My malaise had disappeared, and I had a refreshing and comfortable night. *This gives me hope for the future. If we have here agents powerful enough to control fever and acute inflammation of all kinds, I need not say what a priceless boon they will be to the general practitioner.*"

After some remarks on the action of strychnine, Dr. Nicholson mentions the very good results he had obtained from atropine (dose one-half milligram), "in that most troublesome affection of children, enuresis, where so many fail." His first case was a boy, *æt.* eleven, who had wet the bed all his life. "I kept him under treatment from July, 1887, to February, 1888, and during that time prescribed a variety of drugs, *e. g.*, *equisetum*, *belladonna*, *cina*, *stramonium*, *verbascum*, *liq. potassæ*, *populin*, and *sulphur* 30. I then tried atropine, three doses a day to commence with, and then four doses a day. The medicine caused very slight difficulty in micturition, but no pain or annoyance, and after steady continuance of same treatment for some seven weeks we were rewarded by a cure which has proved permanent. I have cured two cases, both very chronic, since then, after failure of *belladonna* and *cina*."

"In a case of severe colic in an old patient lately, when *belladonna* seemed indicated and failed, I found atropine act satisfactorily, and I would suggest its use in all severe cases of acute paroxysmal pain in preference to *belladonna*.

*Hyoscyamine* (dose one-half milligram) was given, with marked success, in the acute stage of mania, after *hyoscyamus tinct.* had proved ineffectual; and in one case of chronic nausea with inflammation and thickening in region of cæcum it greatly relieved the sickness in conjunction with strychnine, after the failure of several well-indicated drugs.

Concerning *cicuta* (dose one milligram) the writer remarks: "*Cicuta v.*, though a powerful poison, has been a singularly unfruitful medicine in practice, but the alkaloid seems much more promising. Dr. Burggræve recommends it in epilepsy and nervous affections"—and he then gives notes of cases in which he has tried it, with marked success in one of them—of course after no benefit had been derived from medicines symptomatically given.

The article (in which homeopathy is not once alluded to by name), concludes with a recommendation of *ergotine*, as a drug I think we hardly use often enough. I have principally used it in profuse hemorrhages, and it very rarely, if ever, fails, if given hypodermically.

"What should we do without it in a bleeding uterine fibroid or in hemorrhage from a uterine polypus, until a suitable time for operation occurs? In severe hemoptysis, too, it seems to me more satisfactory to control the arterioles at once, rather than wait for the slower action of a seemingly better indicated medicine given by the mouth."

E. D. N.

#### FLORIDA versus DAKOTA.

A very sad account of the destitution of hundreds of thousands of people in Dakota has recently appeared. It seems that they are starving, are without fuel, and that this state of things has been brought about by a succession of failures in crops, etc. As I read that account, I could not help contrasting the State of Dakota with the State of Florida. It seems strange that the tide of immigration should set in so strongly toward these bleak Northwestern States, where there is so little to invite the emigrant, and where the food supply is so far off, when there lies inviting them in Florida an almost tropical State, with unlimited capacities for wealth, a generous climate, where neither extreme heat nor cold threatens the settler with starvation or lack of fuel. I am not surprised that a people enjoying freedom or anxious for it do not settle in Louisiana, Arkansas, or other Gulf States, but that Florida should be avoided passes my comprehension. That State is an exception to all the others. It is not now a strictly Southern State, speaking politically. Nearly one-third of its population is from the Northern States. Its schools and other institutions are more Northern than Southern. In every town, village and city there is a nucleus—if not a majority—of Northern people, and the oppression of the colored population, with its concomitant feeling against Northern laborers, is fast dying out. Free speech and freedom of thought and action is the rule. This is not all; nearly all the cereals except wheat can be raised there in crops as generous as anywhere in the United States. Corn, oats, barley, rye and other grains give abundant returns. Hay is no longer brought from the North, now that they have found that the annual grasses make the best of fodder. The yield of vegetables and fruits is abundant and of the best quality. Besides all the "truck" raised in the North, there are many vegetables unknown here, which grow nearly all the year round. There is no land in Florida where the sweet potato does not yield enough to support a family from a few acres. The Irish potato is as good a crop as in New Jersey. The fruits, peaches, pears, figs, nectarines, and apricots, yield enormous quantities not only in the Northern counties, but in all parts of the State. The grape culture in Florida will soon rival that of California. The south portion of the State will soon be a veritable Italy. The grapes which are only raised in hot houses north of

Savannah grow and ripen in the open air in June all over South Florida. Without mentioning the orange and lemon in all the middle and lower counties, the guava, pineapple, pomegranate and date can be grown abundantly. Before the war Florida was the best tobacco State in the Union. The tobacco grown there is the equal, nearly, of that grown in Cuba, and that industry is now reviving until it will soon reach its old-time prosperity. Nearly all the plants yielding the textile fibre have their home in that State. In addition to cereals and fruits, the natural food supply is ample. There is not a county but has its rivers and lakes which abound in the finest fish. The proximity of the ocean on one side and the Gulf of Mexico on the other—the peninsula is but 100 miles wide at its widest part—allows an abundant supply of sea fish, lobsters, turtles and oysters too numerous to mention. Small game is still to be found, and deer, turkey and bear are found in the interior. The temperature is not torrid; far from it. From the government reports the average night temperature is 60 degrees and the noon 75 degrees in summer and 65 degrees in winter. With the exception of a few hours in the middle of the day, during the months of June, July, August and September, the laborer does not feel the heat as much as he does in our Northern States. Cyclones and other violent atmospheric disturbances are very rare. Sunshine is the rule. For only about sixty days in the whole year are the skies cloudy. Such a thing as continuous cloudy, rainy weather for days at a time are unknown. Noxious insects are few, and the reptilia are fast disappearing. And land! There is abundance of it that is far superior to any in Dakota. There are millions of acres which can be yet homesteaded. There are millions which can be bought from \$1.25 to \$3 per acre in the best portions of the State. The rich hummocks which yield the sugar-cane and rice, may be left to the negroes to work—that is their home where they thrive and prosper. There is less real miasmatic malaria than in any other State, and what there is is confined to the rivers and low hummocks. On the high rolling pine lands the health of the people is unrivaled. The air here is pure and salubrious, where asthmatic, rheumatic and pulmonary troubles vanish in a few months. Railroads now permeate the whole State, and are now building at a rate unknown in any other State. Nearly every town and village will soon be visited by the "iron horse." When the great artery of traffic which will end in Tampa, and that port becomes the outlet for the great volume of trade which will go to South and Central America, Florida will become one of the most important and prosperous States of the Union. In view of all these facts, and they are facts, why will people rush to the arid, inhospitable, and far away regions of the Northwest, when for one-half the labor, money and energy they could live lives of comfort and prosperity in that wonderful peninsula?

Chicago, Nov. 23, 1889.

E. M. HALE, M. D.

#### DR. E. M. HALE'S CACTACEE.

As a member of the Bureau of Materia Medica and Therapeutics in the American Institute of Homœopathy, I have selected as the subject of my paper "The Pathogenetic and Therapeutic properties of the Cactaceae."

The number of known *genera* in this family is about 18, and of *species* about 800. I desire to include in my paper all medical information concerning any species. I urgently solicit physicians of any country to send me all observations relating to the toxic and curative powers of any member of this important family before June 1, 1890.

E. M. HALE, M. D.

Chicago, Ill., 65 22d street.

**Violent Vomiting.**—Woodbury says that a seidlitz powder divided in four parts, one every fifteen minutes, has better results in violent vomiting than anything else he knows of.

## OBITUARY.

DR. ISAAC E. TAYLOR, the eminent obstetrician, one of the founders of Bellevue Hospital Medical College, and its President, died in this city of pericarditis, October 30, at the age of seventy-seven. He was highly respected in every walk in life, and the college over which he presided will miss his valued friendship.

## TRANSLATIONS, GLEANINGS, ETC.

### RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

Parke, Davis & Co. state that quinine muriate is growing to be largely used instead of the sulphate. The muriate has the advantage of being more readily soluble and of containing a larger percentage of quinine than the sulphate. The muriate may therefore not only be given in smaller doses, but its ready solubility renders its therapeutic action more certain.

**Phenacetin in Locomotor Ataxia.**—Hottenstein records the case of a man, aged sixty-four, who had a syphilitic history with typical progressive locomotor ataxia, accompanied by exceedingly severe lancinating pains in the legs, arms and face, as well as the abdomen. In some attacks the bladder and genito-urinary tract were especially involved in the nerve-storm, and violent tenesmus was often present. Phenacetin, in the dose of twenty-eight to thirty-two grains at the beginning of an attack, always brought relief in less than an hour.

**Phenacethydrazine, or Pyrodine.**—Dreschfeld (*Medical Chronicle*, Nov., 1888) used this drug with success in pneumonia, scarlet fever, typhoid and typhus fevers, and he thinks it of value in the hypopyrexia of rheumatism and in migraine. Accompanying the report of Dreschfeld was one made by Wild concerning the physiological action of the remedy, both in poisonous and therapeutic doses. Wild found that toxic doses produced jaundice and albuminuria. It will be remembered that pyrodine has not only been used in the dose of 0.03 to 0.06 for the fever occurring in the diseases named, but also for certain affections of the air-passages, notably asthma. Under these circumstances, one drachm of it is placed on an iron spoon, which is then heated in the bedroom of the patient, the fumes being allowed to spread through the air, which is, of course, inhaled. Very remarkable and useful results have been reached in this way.

**Antipyrin in Hemoptysis and in Nervous Diseases.**—Ortel, in the *Arch. de Méd. Navale* for December, 1888 (*Satellite*), reports several cases illustrating the use of antipyrin in his hands. The first case is that of a man of twenty-two years, with tubercular disease of the lung, and who was suffering from exceedingly severe hemorrhage. He was placed upon the ordinary course of treatment, which arrested it for a time only. A second attack coming on a few hours later, one gramme (fifteen grains) of antipyrin was ordered to be given every hour for four hours. Fifteen minutes after the first dose the hemorrhage ceased. Thirty-six hours later the bleeding returned very profusely, but was controlled by one gramme of antipyrin. The second case was in a chronic alcoholic, with tuberculosis of the lungs, and in this instance fifty centigrammes of antipyrin stopped the hemorrhages when they appeared. Ortel states that the drug does not influence in any way the progress of the malady, but only controls the hemorrhage.

In the treatment of rheumatism or headache, he finds antipyrine of great service in the diminishing of pain when given in the dose of fifteen grains. Generally the pain is gone after a lapse of fifteen to thirty minutes.

**Myrtol.**—Eichhorst, of Zurich (*Wein. Med. Presse*), has found myrtol, given in capsules in the dose of 0.15 gramme, three times a day, of great value in putrid bronchitis and gangrene of the lung, and in fetid sputum of bronchiectasis. The drug does not seem to produce untoward symptoms, but may disorder the stomach slightly, causing loss of appetite, which latter symptom is quite a common one.

**Glycerine Enemata.**—In the *University Medical Magazine* for February, 1889, Dr. Walter Chrystie details a method employed by him for the relief of constipation by glycerine enemata that can not be attained by the ordinary injection. By the use of a soft-rubber catheter, attached to a half-ounce hard-rubber syringe, he places the glycerine so high up in the bowel that it rarely fails to cause a movement of the fecal mass.

**Cold Baths in Typhoid Fever.**—The application of cold baths in reducing the temperature of typhoid fever is systematically perserved in at Von Ziemssen's Clinic in Munich. The following translation by Dr. Lilienthal, in the *Medical Counselor*, of a paper from the *Allg. Med. Centr. Zeit.*, fully describes the method, and also gives the diet prescribed:

The sick-room, and especially the bed of the patient, require our consideration; a large, quiet, well-ventilated room; he ought to rest on a water-bed, and, when possible, a second bed to change about. No member of the family should be allowed to act as nurse, and the care of the patient ought to be given over to a well-trained nurse. In relation to diet it may be mentioned that even during the fever easily digested and easily assimilated albuminoids are allowable, such as freshly expressed meat—juicy—of which from 150 to 200 grammes may be given in twenty-four hours—corresponding to 9.12 grains pure albumen. At Ziemssen's clinic the patient's diet consists of 91 grains albumen, 76 grains fat, and 100 grains carbo-hydrates. The relatively large quantity of albuminous substances is of great benefit to limit organic decomposition, and aids reconstruction during convalescence. Calves' foot jelly, with wine, is often prescribed.

In relation to the treatment with baths, the temperature is taken every two hours in the anus, and two or three minutes suffice. We begin with baths of 24°-22° R. (86°-81° F.) and fifteen minutes duration; the higher the temperature, and the more severe the cerebral manifestations, the cooler must be the water, but never below 14° R. (63.5° F.). We especially recommend gradual cooling of the bath. Robust young people might bear a bath of 15° to 14°, but it is not advisable to give it cooler. The more recent the case, the higher the fever, the more robust the constitution, the cooler the water; the more advanced the case, the weaker the constitution, the more affected the nervous system, the worse the pulse, the warmer the bath has to be. Adynamic manifestations are no contra-indications to their use, only they must be below 26° R. (90.5°). The number of baths averages three or four in twenty-four hours—sometimes one or two suffice, in other cases it may need from six to eight. Most effective are the baths of from fifteen to thirty minutes' duration during the remission of temperature.

During convalescence the diet must be carefully attended to, and for five days after the first afebrile day the nutrition must remain a fluid one, and only very gradually should more solid food be allowed. During this stage, in which the patient thinks only on eating, the diet ought to be a varied one. Getting out of bed, or reading in bed, neighborly visits, must be strictly interdicted, even after a mild typhoid fever the patient ought not to be allowed to leave his bed for two weeks after all fever has disappeared; in a grave case he ought to keep his bed for fully a month before being permitted to rise.

Treatment of a relapse is the same, only milder. Tepid baths suffice, and the prognosis is in general favorable.

**Cinnamonum.**—The medical history of cinnamon is similar to that of many drugs—once held in high esteem

and afterward dropped out of the official list. It is, however, a curious fact that long after a drug has been relegated into disuse among medical men the public continue to believe in its virtues.

For many years (writes Dr. E. M. Hale, in the *Med. Counselor*), I have observed that old nurses and others have great confidence in the hemostatic powers of cinnamon. I have known midwives to give a strong decoction in post-partum hemorrhage, and flooding during miscarriage, and with apparent good results. On being consulted by girls for amenorrhea they have informed me that they first caused the suppression of the menses by eating freely of the bark, or drinking cinnamon tea. I find on inquiry that it is a common practice among the girls to check the flow of the menses by this means when they desire to go to a dance.

In large boarding-schools there are always a number of girls addicted to the habit of eating cinnamon. These girls are soon noticed to become pale, chlorotic, and the menses become pale and scanty.

Many physicians of the Old School assert that when the tincture of cinnamon is combined with equal parts of the tincture of ergot it is more efficacious in hemorrhage than any other medicine, but my personal experience is that it is an analogue of erigeron, trillium, turpentine, and ustilago.

"In Germany," says Stillé, "cinnamon has long been regarded as peculiarly adapted to control uterine hemorrhages, and to promote contraction of the distended uterus. Van Swieten asserts that he found the tincture useful in the former; and Plenck says that he had very frequently used it in these affections, during as well as after labor, and in the non-gravid state, and that he believed it to be as really a specific for uterine hemorrhage as cinchona is for ague. Mursinna, also, while he disapproves of its use during pregnancy, attributes to it the greatest efficacy during labor, and when hemorrhage depends upon atony of the uterus. Richter, speaking of the general esteem in which the medicine is held, says that no sooner does uterine hemorrhage become excessive and produce exhaustion, or even threaten life, whether it be from profuse menstruation, or during pregnancy, or labor, or after delivery, it is customary to have recourse to cinnamon. He would, however, restrict its use to atonic hemorrhage in the non-gravid state, and those depending upon a flaccid state of the uterus after delivery, and he affirms that it is especially serviceable on account of its property of promoting contractions of the uterus. Dr. Rigby places cinnamon in the same group with ergot and borax; and more recently Dr. Tanner found it useful in moderating the menstrual discharge in cases which did not appear to depend either upon plethora, anemia, or uterine organic disease. He found also that it seemed to increase the severity and rapidity of the pains of labor, and to diminish the loss of blood. More recently still, M. Tessier has furnished an equally favorable account of the hemostatic virtues of the medicine.

We have no proofs of this drug, but many of the New School have great confidence in its virtues.

Perhaps one reason why it has fallen into disuse is that the genuine cinnamon of Ceylon is rarely procured; that which passes under the name of cinnamon is the bark of the cassia, and the oil made from this bark is sold under the name of oil of cinnamon. The true oil of Ceylon cinnamon is very scarce and commands an enormous price—from four to five dollars per ounce. It has lately been discovered that the pure oil of cinnamon is nearly equal to mercury chloride in its destructive power on microbes of all kinds. If so, its use should be extended in this direction, for it is much safer than mercury.

**Eau-de-Cologne.**—A short time ago the *Chemist and Druggist* announced that a prize—in the shape of a paid trip to the Paris Exhibition—would be awarded to any one



who would submit the best sample of self-made eau-de-cologne, together with the formula, the decision being left with a well-known London firm. In compliance with this announcement, two hundred and nineteen samples and formulæ were sent in, and among these the following was awarded the prize:

Oil of Bergamot.....	2 drachms.
“ Lemon.....	1 drachm.
“ Neroli.....	20 drops.
“ Origanum.....	6 drops.
“ Rosemary.....	20 drops.
Alcohol, triple-distilled.....	1 pint
Orange-flower Water.....	1 oz.

**Ichthyol Collodion in Erysipelas.**—The local application of a coating of ichthyol collodion, prepared according to Dr. Unna's formula, is reported to be one of the most efficient means of subduing the intumescence and of cutting short the course of erysipelas, in conjunction with proper internal remedies. The formula of Unna's ichthyol collodion is as follows:

Ichthyol	
Ether .....	5
Collodion.....	10

**Chest Percussion Don'ts.**—(Thomas J. Mays, M. D., *Med. and Surg. Reporter*.) Don't percuss in a cold room, and always divest that portion of the chest which you examine of all clothing.

Don't undertake to percuss without doing it thoroughly and methodically.

Don't forget that percussion, like all the other methods of physical diagnosis, is but a process by which you compare the resonance, or want of resonance, of one side with the other.

Don't use a hammer and pleximeter in preference to the middle fingers of both hands.

Don't fail to keep the nail of the percussion finger well trimmed.

Don't strike the chest as if you were cracking stones, or committing an assault on your patient.

Don't strike from the elbow, but only from the wrist or knuckle.

Don't strike slantingly, but always perpendicularly to the chest walls.

Don't vary the force of your blows.

Don't allow the hammer finger to remain on the pleximeter finger after the blow is delivered, but allow it to rebound like the hammer of a piano.

Don't disturb the relative position between your ear and the patient's chest more than you can not possibly help; therefore always lay the pleximeter finger in such a direction that the distal end points outward and the central end toward the middle of the body.

Don't percuss over a rib, on one side, and over an intercostal space, on the other.

Don't forget that the percussion pitch is nominally higher over the right than over the left apex.

Don't omit clavicular percussion.

Don't place too much confidence in a single abnormal physical sign.

Don't allow any voluntary muscular tension or stiffness of the patient's chest.

Don't allow the arms to be folded, but direct that they shall hang loosely by the patient's side, with a slight forward inclination.

Don't stand your patient against the wall, or let him lean against any object.

Don't fail to realize that percussion skill depends on constant practice.

Don't neglect to familiarize yourself thoroughly with such high and low-pitched sounds as those given out by percussing the head of the humerus, and the infra-scap-

ular region in health; and also with all the intermediate grades of sound found between these two points.

Don't confine your attention in your percussion practice simply to the human chest, but percuss anything suitable that may come in your way—a wooden table, desk, etc., furnish a variety of sounds for such practice.

Don't forget that occasionally pulmonary consolidation, when located in close proximity to a large bronchus, or to the hollow abdominal viscera, evinces a tympanitic percussion sound.

Don't fail, in cases of complete dullness or flatness at the base of the chest, to mark the upper limit of such dullness in front while the patient is standing; then place him on his back, and ascertain whether the line of dullness changes.

**Untoward Effects of Salicylic Acid.**—In the *Lancet* for January 19, 1889, Shaw calls attention to instances of epistaxis and hemorrhage from the gums, retina, and kidneys in persons suffering from acute rheumatism to whom salicylic acid was being given in large doses.

**The World's Production of Wine.**—The U. S. Consul at Marseilles, under date of February 29th, 1889, sends the following:

The following table shows the results of the vintage of 1888 in all countries (except Germany, which is not reported) where the product of wine is sufficiently important to be taken into account. The aggregates are given in hectoliters of 26.42 gallons:

Countries.	Hectoliters.
France.....	30,102,000
Algeria.....	2,728,273
Italy.....	30,217,000
Spain.....	23,000,000
Portugal.....	5,000,000
Austria.....	3,500,000
Hungary.....	7,000,000
Russia.....	3,500,000
Turkey and Cyprus.....	2,600,000
Greece.....	1,760,000
Switzerland.....	1,100,000
Roumania.....	700,000
Servia.....	2,000,000
California.....	750,000

Total.....113,957,273

Or 3,010,751,152 gallons.

**Influence of Electric Light Upon the Eyes.**—M. Lubinsky, of Kronstadt, addressed the Congress of Russian physicians upon this subject. During the last ten years, he has had the opportunity of observing thirty cases in young sailors detailed for service in connection with electric apparatus. The attacks always begin at night. The patient is awakened from sleep by an abundant flow of tears and intense periorbital pain. Photophobia is extreme. The eyelids are edematous. The ophthalmoscope shows a hyperemia of the papilla and sometimes a venous pulse in the retinal vessels. These symptoms pass off after a period varying from an hour and a half to three hours. The patient then falls asleep. If the patients have been exposed during the morning and take a nap after dinner, the attack comes on during this after-dinner nap instead of during the night. Lubinsky proposes the name photo-electric ophthalmia for the condition.

**Fifty Excisions of Goitre.**—By Dr. D. G. Zesas, Berne, *Archiv. F. Klin. Chir.*, Bd. 36, Heft. 3. These statistics are compiled from the material offered by the clinic of Dr. Niehaus, of Berne. Of the fifty cases there were twenty-seven females. Most of the cases occurred in females ranging from ten to forty years of age. There was only

one fatal case as a result of operation. There were no severe complications or injuries of nerves recorded. The typical symptoms of myxedema, cachexia, etc., appeared in three cases, thirty-two, nineteen, fifty-five years of age respectively, all females. There is nothing brought to light by these cases not already discussed in the literature. In some cases the isolated symptoms of cachexia appeared, but after three or four months the patients for some unknown causes began to improve—have had no return of threatening phenomena. The method used in all cases was that of socin. This was followed not only in cystic but also in colloid and calcareous strumas. The success of the method depends on leaving enough healthy glandular tissue behind to continue the functions of the thyroid

**Shaken Milk.**—According to Dr. John C. Morgan, in the *Medical Record*, "The dietetic paradox which everywhere confronts the physician,"—viz., that cow's milk is the best possible representative food, as containing every element of nutrition; hence, that it is the typical diet for the sick of all ages, as well as for the healthy; while yet, on the other hand, there are few articles from which worse results may accrue to individuals, is largely explainable in the light afforded by the following considerations:

Firstly, human milk, drawn by the child, is a nascent life-product. Cow's milk, at its first omission, is equally so. Secondly, both are living fluids, and their contained cells are the site of vital metabolisms, all, doubtless, promotive of assimilation and of digestion itself. Thirdly, their oil globules and casein granules are sundered and enveloped by their containing shells of albumen and the watery menstruum.

Milk which has died, whether human or cow's milk, has ceased to be nascent, has ceased its living metabolic cell-mutations, has become a mere physical or mechanical admixture of bodies of unequal density and specific gravity, whose particles separately mass themselves, and within a few hours, if undisturbed, form crude strata, as cream, heavy caseous milk and whey; each, after longer intervals, becoming very distinct, as is proved by the so-called "candles" formed in the large test-tubes in use in condensed milk factories. Preservation on ice does but promote this change. Sterilizing processes, per contra, interfere with it, over and above the intended germ-destruction, inasmuch as the high heat, with agitation, prevents rapid separation. The housewife recognizes the same principles when preparing "curds and whey," or "slip," with milk and the pepsin-bearing rennet, choosing a cold and quiet place for the setting of her pan, her object being to obtain a half-digested, massive, unruptured curd, with its transparent substratum of watery albumino-saline fluid, or whey. Most stomachs can easily complete the digestive process thus begun—for it is nothing else—and it rarely disagrees with any one. Should it do so, we may, by beating, or shaking it, break up the curdy mass (with the aid of an admixture of atmospheric air), thus reducing it to the finely comminuted flakey state so admired in "mother's milk," and intimately mingling it with the whey at our option. Afterward, the process of curdling being complete, these particles have but feeble tendency to reunite; are, indeed, until decay sets in, in excellent condition for the full play of the digestive organs.

Cow's milk, as received from the milkman, especially in hot weather, has undergone an incipient change of like nature. Chilled and quiescent during the night, the evening's milk is combined with that of the early morning, but both are carefully deprived of all remaining "animal heat." The whole becomes as one by this treatment. The motion of carriage opposes, but the tendency to mechanical separation has already fairly set in. Received now at our dwellings, and transferred to the refrigerator, this separation goes on rapidly, and indigestibility progresses *pari passu*.

To counteract this change, so far as may be, would seem to be the dictate not only of science but as well of common-sense. To prevent the gastric struggle with curdy masses, one need but insure the comminution of those masses, and thus invoke mutually repellent forces of the minute particles of oil, water and casein. The rapid digestion of each and all of these in the gastric and pancreatic juices should now occur without the aid, ordinarily, of pepsin or pancreatin, artificially introduced.

Such is the theory I would propound, and I have witnessed a number of cases of its practical and successful application. One of these is a stout, florid gentleman, of about sixty years, who is subject to the usual disturbances from drinking even the best quality of milk. The preparation now so popular under the name of "milk-shake," at an extremely low temperature too, agrees with him perfectly, and is readily and speedily digested. Another case is that of a physician, fifty-two years of age, convalescent from malarial fever, for whom I prescribed a milk diet; but who met me with the fatiguing statement that it was always disastrous to him. Lime-water did not better the matter. I now advised that it be violently agitated by shaking or beating, with a view to comminution of its massive elements—the oil and the casein—and their thorough diffusion in the whole of the fluid portion; this preparation to be taken in small portions until the teacupful was finished. This was duly accomplished by means of a conical tin cup, such as is used by bar-tenders, being closely fitted over the top of a glass of milk, and the whole vigorously shaken for some time just before drinking (in sips, as directed). The result was really charming. His own report was: "Here is a man who never has dared, in many years, to drink a glass of milk, but who now takes it, in the new way, every day, and is building up on it."

The use of milk, just drawn from the cow is also important for infants and weakly persons; but most people can do admirably well, I opine, on "shaken milk."

Judging from my own experience, I think it is not too much to predict that in the future the medical and other attendants in typhoid cases, perhaps in infantile disorders and in many others in which patients refuse everything in the way of "sick diet," and crave everything which they must be denied—particularly as to those who "can not take milk"—will find the solution of the perplexing but essential problem in providing, as an indispensable utensil, the bar-room tin, and regularly using it, in the preparation of shaken milk.

A dilution of milk with one-tenth of water "scalded," not boiled, and taken hot, or even ordinary hot milk, is a noble stimulant (versus alcohol) in threatened collapse, and in debility in general. If shaken, also, it must prove invaluable in a wide range of low cases.

When a cold drink is more suitable, as in some febrile conditions, cracked ice may be added to milk before shaking; and lastly, when the taste is fastidious, strawberry or other fruit-syrup, or any other approved ingredient may also be introduced.

#### A New Method of Making Ophthalmoscopic Examinations.

—At a recent meeting of the Berlin Medical Society, Dr. Bellarminhoff presented a new method of making ophthalmoscopic examinations: when a piece of glass is brought in contact with a cornea which has been anesthetized with cocaine, and carefully pressed upon it, in consequence of capillary attraction, the glass and the cornea form together a surface which removes more or less the corneal curvature, so that the eye becomes hypermetropic; and the strongly divergent rays emanating from its surface can easily fall on the eye of the observer. The pupil is dilated and the eye examined by daylight with a plane mirror; the fundus of the eye is illuminated and can be seen with both eyes in the direct image at the usual reading distance. The fundus can also be seen by two or three persons stand-

ing near by. The magnifying of the image is not great, but an increased field of vision is gained. The advantages claimed for this method of examination are:

1. It can be used even by those inexperienced in the use of the ophthalmoscope.
2. The possibility of an examination of the fundus by two or three observers at one time.
3. It is thought that it would be of use in examining the interior structure of the eye.
4. It will facilitate the examination of the eyes of children, of the sick confined to bed, the insane and of animals.

**Edema as a Diagnostic Sign in Carcinoma of the Stomach.**—M. C. Baert, of Brussels, writing in *La Clinique*, on cancer of the stomach, calls attention to the frequency with which edema of the ankles is met with in this affection after it has lasted a few months—a diagnostic aid which is, he thinks, in danger of being too much overlooked at the present day. He gives a number of cases recently occurring in the various hospitals in Brussels, in which edema was present. In one of these cases the edema came on as early as three months after the first symptoms of the affection made their appearance; in two other cases it was noticed after four months; but in most of the other instances it was delayed till the lapse of from six months to a year after the onset. In one case, in which there was no evident cause to which to attribute the loss of appetite and the wasting complained of by the patient, Professor Carpentier, noticing some edema of the ankles, diagnosed carcinoma of the stomach, and found his diagnosis confirmed by the appearance a month afterward of all the usual signs of the affection. Several of the cases presented a marked increase in the nitrogen excreted in the urine. With regard to the deficiency or absence of hydrochloric acid in the stomach in cancer of that organ, M. Baert admits that it is usual, but agrees with Wolf and Ewald in saying that this sign is by no means peculiar to cancer, as it is found in other gastric affections.

**The Diagnosis of Hernia.**—Dr. Multanovski suggests the addition of a new diagnostic sign to the classical method of diagnosing abdominal hernia. Having made observations of one hundred and fifty-two cases of hernia in Professor Bogdanovski's wards, he states that in all these, when the finger was passed up into the abdomen, a more or less tightly-stretched strap-like band could be detected connecting the contents of the sac with those of the abdomen.

**Nephritis as a Sequel of Whooping-Cough.**—Dr. Stefano Mircoli, of Monterubbiano, has lately called attention to the occurrence of nephritis as a sequela of whooping-cough. In 1887, among ten children who suffered from the disease, the attack was followed in two by nephritis, which proved fatal in one of them. The necropsy left no doubt as to the existence of nephritis. In 1888, among thirty-five cases of whooping-cough, Dr. Mircoli met with nephritis in four; two of these died, and in one of them a post-mortem examination was made. The kidneys were seen with the microscope to show severe parenchymatous nephritis. No cultivation experiments could be made to determine whether the disease was parasitic or not. The microscope showed no trace of micro-organisms.

**The Teeth and Evolution.**—In an article upon the subject of "Curiosities of Evolution" in the *Popular Science Monthly*, for October, 1888, the author remarks that the law of retardation exhibits itself in the teeth of the higher races of mankind in a highly inconvenient manner. The greatly developed brain requires all the available room in the skull: there is no space left for the attachment of muscles for a powerful jaw. Cooked food also causes a

degeneracy in the development of the jaw. There is consequently no room left for either the wisdom teeth or the second upper incisors; the wisdom teeth are retarded, often cause great pain, and decay early. The second incisors appear in startling and unexpected places, and often (in America especially) do not cut the gum at all. Prof. Cope says that "American dentists have observed that the third molar teeth (wisdom teeth) are in natives of the United States very liable to imperfect growth or suppression, and to a degree entirely unknown among savage or even many civilized races." The same suppression has been observed in the outer pair of superior incisors. This is owing not only to a reduction in the size of the arches of the jaws, but to successively prolonged delay in the appearance of the teeth. In the same way men, and the man-like apes, have fewer teeth than the lower monkeys, and these again fewer than the insectivorous mammals to which they are most nearly allied. When this difference in dentition has been established civilized man may claim to place himself in a new species, apart from low savages as well as high apes.

**Copaiba in Surgery.**—D. H. H. A. Beach writes in the *Boston Med. and Surg. Journal*, that after experimenting with balsam of copaiba he continued to employ it, and finally adopted it as a regular dressing to granulating surfaces in his hospital wards. It is applied by first saturating charpie with the balsam, and after squeezing out the superfluous balsam, bandaging the charpie upon the ulcer. It is simple, cheap, quickly prepared, and most satisfactory in its results: being especially adapted to the flat, pale, granulating surfaces that commonly result from avulsions of the scalp, extensive burns and scalds, also for the cavities after operation for removal of necrosed and carious bone. It has succeeded in raising healthy granulating surfaces for grafting after other stimulating applications had failed. At the hospital it is applied with cotton waste instead of charpie. The waste can be easily picked apart and cut into short bits by convalescents. The porous nature of the dressing permits a ready absorption of pus and of its partial disinfection by the copaiba, which imparts a fragrant balsamic substitute for the sourish odor of pus partly decomposed.

**Mineral Springs in Alaska.**—According to a report by Passed Assistant Surgeon C. W. Rush, U. S. N., South-eastern Alaska is noted for its mineral springs, and there is scarcely an island but has one or more. On Baranoff Island there are four, the most important of which is situated on the western shore, about eighteen miles south from Sitka. These springs, both hot and cold, are strongly impregnated with sulphur, iron or magnesia, and some contain various proportions of each. During the Russian occupation of the country a hospital under the charge of the army was located at this place, and not only were soldiers treated there, but citizens were allowed free use of the waters. The medical officer stationed at Sitka made semi-weekly trips to the springs, and it is said that in most cases no medicine other than the waters was used. People from all parts of the territory went there for treatment, and wonderful cures are related by men whose word is beyond question. The place is still resorted to by patients afflicted with rheumatism and venereal disease, and from my own observation I am forced to believe that benefit results from the use of these waters.

**Painless Destruction of Nevi.**—A. R., aged two. First painted the healthy skin around the circumference of the nevus for about half an inch, with a coating of collodion flexible; a thick layer of a four per cent. solution of corrosive sublimate in collodion was applied over the nevus. The twelfth day, collodion was removed; the nevus had entirely disappeared.



## MISCELLANY.

—Prof. Pancoast holds that as men are made drunk sooner when standing or sitting, while taking alcohol, than when in a recumbent posture, in like manner it takes less ether to produce anesthesia if the patient sits up.

—Pancoast says: Never cut down directly on a pin or a needle you wish to extract, but make a curved incision in the line of the wrinkles, lift up the trap door, and pull out the offending body.

—What are all the abominations to be gathered from drinking water, as compared with those we give our children in cheap confectionery?

—A mineral is said to have been discovered in the island of Labuan, from which electricity can be obtained without apparatus of any kind whatever. A small block in the shape of an irregular cube, measuring 4.3 inches one way, by 5.2 inches the other, was brought away, and on tests being made, it was found that a strong current would flow when the mineral was connected in a circuit. The block appears to waste away very slightly, leaving a little gray powder upon the surface when connected for some time. It is now used to light a couple of incandescent lamps in an electrician's laboratory!

—Prof. Longstreth says that one of the earliest maxims he ever learned was from "Dear old Dr. Carson," namely, that when a patient complained of trouble in the chest, we should look for the cause below the diaphragm, and when he complained of trouble in the abdomen, we should look for the cause above the diaphragm.

—Netter holds that patients who have recovered from pneumonia are dangerous to their friends for many years subsequently, as living pneumococci may be found in their saliva. This explains the frequent recurrence of the disease.

—Gluten bread is recommended by Dr. Woltering, of Munster, Wurtemberg, both on account of its extremely nutritive qualities as an article of diet, and its very low price. It is three times as nourishing as meat; and bread made with the addition of 40 per cent. of gluten, contains more albumen than hare or chicken of the best quality.

—London *Truth* says: Sir William Jenner has advised the Queen to give up champagne and claret for the present, and to drink whiskey and apollinaris water.

—According to the new code (non-authoritative, however) of Belgian medical ethics, a medical man on being summoned to a new patient is bound to do his best to ascertain whether any one else has been in attendance during the present illness. The simple denial of the patient is not sufficient to absolve the doctor from any further attempts to learn the truth. If it is found that some one else has been in attendance during the existing illness, the successor is bound to satisfy himself that his fees have been paid before he accepts the position of medical attendant himself. When acting as temporary substitute for a confrere, if a new patient hitherto unknown to the latter sends, the locum tenens may retain him permanently on his own list.

—The finest botanical gardens in the world are said to be those of Peredinja, near Kandy, in Ceylon. They comprise 150 acres. Among the curiosities are bamboos 100 feet high and nine inches in diameter, which in the month of July grew between one and two feet a day. India-rubber trees with immense roots three or four feet above the ground, when cut with a knife give forth a milky substance. Ginger, cloves and jack fruit are passed in succession; most beautiful orchids, such as would command fabulous prices in Europe, are seen in profusion, with flowers of every shade and color.

—Dr. Richardson, of London, by the use of the graphophone, records coughs of patients.

—Laboulbene says that the tears contain the contagious agent of measles, and that inoculation with them always produces a mild type of that disease.

—Resection of the liver was first performed by Prof. Loreta, of Bologna, August 26, 1887, and a memorial tablet in commemoration of the event has just been unveiled in the anatomical theatre there. Prof. Ruggi has repeated the operation successfully, and the patient, a woman, was exhibited at the sixth Italian medical congress, which has just met in Bologna.

—It was Abernethy who, in describing the influence of fear on the secretion of urine, told the story of a woman crossing London bridge to see a surgeon, to be tapped for dropsy. When half way over, there came the cry of "mad ox," and she looked back and saw the infuriated animal plunging over the bridge in her direction. She stepped into one of the niches of the bridge and began to "piddle, and piddled herself as lank and lean as a greyhound."

—In a case occurring in Prof. Kufferath's obstetrical clinic at Brussels, and described in *La Clinique*, premature labor had to be induced on account of a rachitic pelvis. An attempt was made to deliver with forceps, but the head refused to engage in the brim. Tarniers basiotribe was therefore applied, and the head crushed in all directions, after which extraction was easily effected. It is noteworthy that the child when born was, legally speaking, alive, its respiratory and cardiac movements continuing, indeed, for about two hours, besides which it cried faintly. Of course, as the brain was completely reduced to a pap-like mass, life, such as it was, depended entirely on the medulla oblongata; still it is well to remember that in delivery by means of cephalotripsy it is possible that the child may be born "alive," and may therefore inherit property.

—Prof. R. Kayser, of Hanover, recently succeeded in getting a photograph of a rainbow—a feat hitherto deemed impossible. He used the azaleine dry plate, and the exposure was made on the summit of the Rigi.

—The Tenth International Medical Congress, to be held at Berlin, will open August 4, 1890. The proceedings will terminate on August 9. A general meeting of representatives of all the medical faculties and societies in Germany has been called by Professors Virchow, Von Bergmann and Waldeyer. It will meet at Heidelberg, on September 17, to discuss the arrangements to be made for the Congress.

—Dr. Strong, Chief of Staff W. I. Hospital, reports 740 patients under treatment during the month of October, mortality 3.38 per cent.

—Dr. Philippe Ricord, the famous French physician, died at Paris, October 23rd, in the eighty-ninth year of his age. It is probably not generally known says the *Druggists' Circular* that Ricord was an American by birth and education. He was born at Baltimore, October 10th, 1800, and when a lad went to Philadelphia for the purpose of studying medicine. In 1820 he went to Paris, where, in March, 1826, he received the degree of M. D., and then began the career which made him celebrated as a specialist. In 1856 he was appointed physician in ordinary to Prince Napoleon, and in 1869 became consulting surgeon to the Emperor Napoleon III., whom he had previously attended with great devotion during a severe illness. He became a commander of the Legion of Honor in 1860, and a grand officer in 1871, for services as chief of the ambulance corps during the siege of Paris.

—The New York Post-Graduate Hospital and Dispensary has established a clinic for diseases of the rectum, under the care of the eminent specialist and author, Dr. Charles B. Kelsey.

—A characteristic sign of pneumonia in infants is a little moan with each expiration; a little catch of the breath first, then the moan with the expiration.